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The New

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Volume VI.

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Number 1

THE NEW OFFICERS

President—F. T. B. Fest, East Las Vegas.

Vice Presidents—R. L. Bradley, Roswell; L. S. Peters, Silver City.

Treasurer—J. A. Massie, Santa Fe. Secretary—R. E. McBride, Las Cruces.

Council: W. R. Tipton, East Las Vegas; W. T. Joyner, Roswell; J. D. Swope, Deming.

THE MEETING.

It was a success. Albuquerque is known for gaity, and the entertainments given in our honor in the Duke City cannot be duplicated in any other city of the territory.

The smoker at the Elks' Club will be a pleasant memory. The committee can be congratulated. Part of the pleasure program had to be omitted and a night session for scientific work held in its place.

The society learned one lesson: too much entertainment impairs the scientific and most importatn factor of the meetings. While we are ready for good time, a good time all the time

G.tends to distract from the more dry work and the brain is kept too busy with the fun and pleasantries of the night before.

Albuquerque knows how to entertain, and we shall be pleased to meet there again after making the round through other cities which have invited and are expecting the society to convene there

THE JOURNAL.

The management has been left in the statu quo. There was no time for the Council to enter into detail work and a meeting has been planned for the near future when all questions, now pending are to be arranged finally.

It must be remembered that the Journal is entirely in charge and under the direction of the Council.

The respective passages of our By-Laws, so far neither revoked nor amended, read:

Chapter VII, Section 5: "The Council shall provide for and superintend the publication and distribution of all proceedings, transactions and memoires of the Society, and shall have authority to appoint an editor and such assistants as it deems necessary, * * *"

Owing to an error on the part of the printer the publisher of this Journal apologizes for mis-arrangement of the subject matter on pages 89 to 92 inclusive. The advertising reading notices on pages 89 and 90 should follow Book Review and County Society Notes.

No transaction for the ensuing year can be recognized, if such transaction is a function of the Council as separate body of the Society, unless substantiated by a record of proceedings of the Council presided over by the new chairman, and kept by the new Secretary or the clerk pro tempore in his place and the new President must at least have been aware of such a called meeting.

The appointment of an Editor and the outlining of the policy of the Journal are duties of the Council, which according to Chapter VII, Section I, are decided by the new council for the ensuing year and this is therefore a topic to be arranged by the new officers and no meeting in which the newly elected councilor as such, the newly elected President and Secretary as such, had no opportunity to express themselves as functionaries for the ensuing year had a valid right to assume the clearly defined prerogatives of the new Council.

OUR ORGANIZATION

To build up an organization the fundamental principles of the organization must be safeguarded as carefulfully as the Supreme Court of the United States guards over the acts of legislation. The New Mexico Medical Society has the legislative body; the House of Delegates. We have a body corresponding in certain functions to the Supreme Court: the Council, it is a Board of Censors for the whole society and the individual members.

The House of Delegates has a right to legislate but only within the limits drawn by the Constitution and Bylaws. No usage or custom, no matter how old or how often practiced, if in conflict with the Constitution or By-Laws, can have any bearing upon the Council when acting according to Chapter VII, Section 3.

The vox populi may have been expressed in the House of Delegates, the House cannot act, beyond its power. Assuming that the vox populi is al-

ways right, then mob-law and lynch-courts must be recognized and anarchy is bound to prevail. Is the *vox-populi* the safest?—The *vox populi* in general would let the physician starve while it does enrichen the medical fakirs and patent-medicine venders.

Nothing will put an end to unpleasant brouillerie more effectively more satisfactory, because just ethical, than strict adherance to the fundamentals of our organization and strictest observance of the same. When joining this organization we gave an equivalent to the Athenian Oath; we accepted the constitution and By-Laws. Actions contrary to our Constitution or By-laws are prone to amend or set at naught the purposes of our organization. Any question can be submitted to a general Referendum (Constitution Article XII) but questions of organization and outlined policy cannot be considered except by Constitution and By-laws themselves and the society

has a right to amend the same and can demand the same by calling for General Referendum but always in harmony with existing laws. A careful reading of Constitution and By-laws is suggested, a compliance is urged and our society will become ideal.

THE NEW MEXICO ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS

The Association net at the time of the meeting of the New Mexico Medical Society and had charge of the Section on Tuberculosis.

The officers for the ensuing year

President—F. T. B. Fest. Vice-President—J. W. Colbert. Secretary-Treasurer—L. S. Peters. Committee on Policy and Legislation: J. W. Colbert, M. K. Wylder, A. G. Shortle. Committee on By-Laws: L. S. Peters, S. G. Sewell, F. T. B. Fest.

Committee on Membership: A. G. Shortle, G. K. Angle, J. A. Massie, W. R. Tipton, R. L. Bradley, F. J. Given, S. D. Swope, C. B. Duncan, C. W. Taylor—Goodman, J. Lukens, R. E. McBride.

Committee on Arrangements: C. S. Losey, H. M. Smith, H. Goelitz.

NOTICE.

The secretaries of the county societies, except a few, have not forwarded the names of their choice to the President, as per circular, to serve on a legislative committee. This is important and ought to be complied with without further delay.



ORIGINAL CONTRIBUTIONS

THE HEREDITARY INFLUENCES OF TUBERCULOSIS AND SYPHILIS.

By J. W. Tinder, M. D., Roswell.

Since in the early dawn of Biblical history at which time Adam received from the hand of that fair bride of his the apple of which he did eat, the doctrine of heredity has been an ever ready topic. It has been preached from all synagogues and pulpits, even down to the present time, that because Adam sinned we of necessity sin. I am a believer to a certain extent in the so-called theory of the medevial ages, that the goodness of retribution or vengeance, has overtaken the individual with retributive justice in this world and in this the efforts of the physicians are baffled in trying to eradicate from the innocent the sins of another.

Let us at this time, before we launch any further into the subject of whether or not tuberculosis and syphilis are hereditary diseases, look at the definition of some words which of necessity we must use.

Hereditary (American Encyclopedia) "is the transmission of parental characteristics to the offspring."

Heredity (Universal Dictionary of the English Language) "is the tendency which there is in each animal or plant, in all essential characters, to resemble its parents."

Heredity (Webster's Unabridged) "is the transmission of the physical and physical qualities of parents to their offspring; the biological law by which

living beings tend to repeat their characteristics in their descendants."

You now see that the definition of "heredity" has been taken from three standard authors and these in turn have taken these from the study of biology from which source the medical profession derives its knowledge of heredity. We also see from the three definitions above that the word "characteristics" is used as a substituantive. Now, let us turn to any good dictionary and find the word "characteristics," and you see biologically speaking and as substantive it means "a distinctive trait or feature of anything; one of the components parts of a man's character."

Now at this time and place permit me this question: Have you, anyone of you, ever in all your years of medical research, read of or heard till that "disease" was a characteristic of man's make-up, or that it was a component part of his character? I seriously doubt that you have read it, but if so did you then or do you believe it now?

It is a scientific fact and it has been recognized by all investigators and I might sav by the public at large that children do inherit from their parentage characteristics of both body and mind, that they are the possessor of through inheritance, traits peculiar to their parentage. I hink we all agree that no only is this true of man but of plant life as well. Each giving to its

offspring through heredity characteristics that distinguishes it from all others.

That there is an inheritance in all the physical makeup of man, I take for granted no one will deny. He does inherit the tendency to be tall or short. lean or robust, to be smooth or course in features, to be vivacious or morose. He does inherit freaks of intelligence, he inherits the tendency to command. he inherits the quality to morally good or bad. At least but not least he inherits that unseen vital force on power which enables him to withstand the attack of disease and live to a ripe old age, or on the other hand quickly yielding to disease and die before man's allotted time has been attained.

Heredity then, if you please, gives us the basal structure of life, the very foundation upon which our lives are to be built, this in turn is developed and improved, modified or weakened by and through our environments.

Let us take a child now with all these good attributes inherited, upon which foundation all life is to built, in all probabilities the environments being good, it will reach the expectancy in life, but on the other hand if the environments are poor it is not probable that the expectancy will be reached. If a child by inheritance has received a weakened physical and mental structure upon which to build, with the very best environments we can only expect a slight prevention of the ontack of disease these environments can go no farther than to hold the attributes inherited from the parent.

It is a well known fact in the scientific world that sometime children of long lived parents, will succumb readily to any disease and die very promptly, while on the other hand children of parents who died early in life show a marked tendency to resist disease and

where attacked are enabled to throw it off quite soon and live to a ripe oldage. How do we account for this? I see no other answer than that unseen vital force which is an attribute of the socalled subconscious self, has been unconsciously educated to a high degree and was made good in a long life.

If our promises be true and our reason be logical we can deduce from the foregoing that qualities of both mind and body, and not anything foreign to them, are handed down through heredity from parent to the offspring. If we deduce that much, why not go farther and ask why cannot disease be inherited?

I think I have already shown you that disease is no part of an inheritanec of the child. Let us now clinch a little stronger our argument. Let it understood as an accepted fact there is a wide difference between the inheritance of a condition which is a part of the basal makeup of man, the very foundation upon which the life structures are built and the inheritance of disease, a something which is in no way a part of the human makeup but entirely foreign to it. The one is a quality throughout life of the parent, and whether strengthened or weakened by environments remain a component part of them and can be transmitted to the offspring and is therefore normal. On the other hand disease is not a component part of the human makeup, is not part of the component structures of any organ, is not a quality in any sense of the life structures, it is entirely foreign to him and can never be a part of therefore is abnormal.

While disease attacks and permeates every life in the human economy and kills, it is never a part of no more than the wild beast that tears, mutilates and kills, and its transmission to the child by inheritance is extremely doubtful to say the least.

The qualities of both mind and body the attributes of all life structures upon which our very life depends are God-given and are eternal, while disease on the other hand in Satanine in its origin and is temporal.

We know there is confronting this theory—nay I say facts, many instances of socalled inherited diseases at the time of birth, but no doubt all these can be accounted for on the ground of infection directly from the mother at the time of delivery or by contagion afterwards. I was taught in medical college that both tuberculosis and syphilis were hereditary diseases and believed so for some time following, but of late years I have entirely changed, so much so, that I believe the old and trite saying—a healthy mother a healthy child no matter what disease the father may have had at the time of conception.

I quote from Keyes an author like whom none higher stands. "No one doubts that a mother in active syphilis, aborts, miscarries or produces a diseased child. As to whether a father can produce syphilis in a child by infecting the ovum through impregnation without infecting the mother, this is a question upon which there is much controversy today, and which is not vet settled in spite of able contributions to the subject made by able authors." I quote still more from the same au-"The great stumbling block to me standing in the way of my seriously accepting the fact that a child may be born syphilitic and still have a healthy mother, are the failure of direct inoculation upon such mothers, and the so-called Colles' law, namely, a child born syphilitic cannot poison its

own mother but can poison a healthy wet nurse."

Kassowitz, a German, has been the strongest supporter of the hereditory feature of syphilis and he writes of about 42 cases of syphilitic children born of healthy mothers, but none of these 42 mothers were ever reported as having been inoculated with syphilis afterwards.

Syphilis is a constitutional or blood disease and it stands to reason that every atom of blood and tissue of a person in active syphilis is poisoned by the virus of this disease. In the light of this I ask you this question, how is it possible for an ovum of a healthy woman be impregnated with the spermatozoa of a man in active syphilis and live, since the very life of a very unresisting element has been poisoned? A very large per cent of the enceiute of a syphitilic woman die before natural birth.

I realize that there are apparent exceptions to this rule but they are few and a few that they prove little or nothing, and in the language of Keyes, "Since it is an exception, we must set it down as such which our powers of comprehension cannot grasp." These few exceptions prove nothing, neither do they make a rule no more than does "one swallow make a summer."

The inflence of heredity in producing the same disease in the child from which the parent died is very small, so much so that a few figures taken from a life insurance report will be of interest. Out of 21,969 deaths 3,449 were due to tuberculosis. Of these tubercular deaths only 62 had a parental death from the same disease, 78 from cancer, 103 from paralysis, 109 from disease of the heart, 54 from kidney disease, 62 from apoplexy, 8 suicides and 2,976 from various other causes.

What do the above figures show us? They show us this that many diseases never classed as hereditary diseases show a greater hereditary feature than does tuberculosis a disease that is said to have carried more people to their deaths than both war and famine combined. I think it also proves that tuberculosis is anything else than a hereditary disease, it stands to reason that more than 2 per cent of the offspring of a tubercular parent would have the same disease.

If medicine has revealed to us anything it has most assuredly revealed to us that tuberculosis is an infection, that no man can have tuberculosis who is not infected from without.

If tuberculosis and syphilis can be inherited from the father I ask you to explain how the T. B. and the virus of syphilis poison the impregnated ovun and pass through all the various stages of life to maturity and never infect the mother? We know that elements of the blood of the babe in utero are given of in the blood of the mother.

Insurance companies are accepting applicants today who pass a first class examination and whose parent died of consumption. Some years ago all such were rejected. Why of this? Because the theory of heredity is dying a natural death.

Read before the Chaves County Medical Society, 9-8-10.

THE FAMILY PHYSICIAN IN RELATION TO THE SPECIALIST

By T. S. Dabney,, M. D., New Orleans.

Times change, and we change with them. But a few decades ago the famliy physician held a position of honor and trust in the community. He was not only the medical advisor of his clientele, but he was a trusted counsellor and beloved friend. To him came in all confidence those sick in mind and body. He was consulted about backward children, erring spouses, and in fact about everything that was near and dear to those in affliction. His opinion was sought at all times, for he was looked up to as being a skilful man, a nunbiased judge and a loving friend. Today much, if not all of this, is changed. The reason for this change is two fold: (1). General education advanced more rapidly than medical education. Our medical schools were laggards. They did not keep pace with the times, and for reasons largely commercial their ambition was rather to turn out annually

a large graduating class than a smaller body of qualified physicians. Few schools offered the opportunity to the student for learning anything about the science of medicine, except in its fundamental branches. Long after great strides had been made in bacteriology, in the treatment and diagnosis of diseases of the special senses, of women, of children and of the genito-urinary system, our college persisted in refusing to have professors for those branches, and consequently they could not, in all fairness, demand proficiency in what they did not teach, and as a result students were not examined in them. The result was a large body of uneducated, ill-equipped physicians. In the meantime, the public was being educated by the press, by magazine writers and public lectures. This educated public, with clinical thermometers and charts in their homes, demanded for

higher qualifications in their medical advisors than did medical schools, and, as an ill-equipped general practitioner could not meet these general requirements, they naturally sought the practitioners ha could. (2) Those members of our calling who had availed hemselves of extra medical school education and had fitted themselves for practice along certain definite lines demanded by the public, exploited those requirements, possessed alone by themselves, for all they were worth, and lost no opportunity in calling attention to the deficiencies of he general practitioner and in extolling their own marvelous skillfulness. However, Kipling would say, this is another story, and will be told later.

For a long time the eye has been recognized as one organ not to be trifled with, and though but few schools in thi scountry demanded in their examination any knowledge of it, the public insisted upon that knowledge. and as a result the oculist soon took his place as a well-recognized specialist. It is true he often wandered into the borderland of the nose, throat and ear. With this exception there were no specialists, as such, claimed or recognized. I mean there were no members of our profession who claimed to devote their entire time eclusively to any one branch of medicine. However, there may have been at all times men preeminent along certain lines, and this preeminence was not only recognized along certain lines, and this preeminence was not only recognized by the laity at large, but by their colleagues as well. All me nengaged in the practice of any calling naturally prefer certain branches of it, and, by paying special attention thereto, naturally acquire proficiency therein. Thus, many physicians became known as

markedly successful—another term for proficient—in certain aections. Some acquired the deserved reputation of being surgeons; others of ability in the diagnosis and treatment of fevers; others again of success in the management of diseases of children; while others still were successful along other lines. These are the fathers of modern specialism, and most worthy sires they are. for they won their spurs in an open field, general medicine, whre no favors were asked and none given. Thus we find Ephraim McDowell, of Kentucky, Marion Sims, of Alabama, two plain country general practitioners, looming up and unconsciously preempting certain fields of medicine and their claims were not disputed at the time, nor can they be now. In our own city the names of Stone, Faget, Bruns, Warren Brickell, to mention but a few, though general practitioners and trusted family physicians, attained preminence along certain definite lines in the wide field of general medicine. According to Hippocrates, physicians were barred from cutting for stone—nothing else. These stone-cutters were limited to branch of surgery, and were no allowed to practice any other. They were unlike many of our modern surgeons, whose practice is limited strictly profitable cases. As medicine advanced. and when the whole world of science had been made contributory to its advancement, it soon became necessary to divide the field up, as it was evidently an impossibility for any one physician to acquire proficiency in all of its branches, direct and allied. In medicine, as in the arts, efficiency is onl vattainable by intense attention to detail, and it soon become evident that each one of us had to limit somewhat his practice, if proficiency were aimed

Surgery, thanks to anestesia, bacteriology, chemistry and the resulting knowledge of sepsis, soon shook off her swaddling clothes and stood forth a well recoknized and much-needed. full-fledged specialty, no longer despised and relegated to the barber, but welcofed by our common mother with open arms. Surgery is so far the most gifted child of all, and her brilliant successes and startling advances cause most of us to stand amazed. As was to be expected, the field of surgery soon became too large, and numerous subdivisions, have been made in it, and in each of these men have arisen to add further lustre to this one-time justly despised child, fit only for bone-setters, stonecutters, blood-letters and barbers. After this came the other specialists with startling rapidity, each claiming, and i nmany instances justly, the necessity for its existence. However, as in the arts and trades, this infinite attention to detail invariably leads toonesidedness, and often with disastrous results. To illustrate: Many years ago, before the day of hammerless and breechloading guns, my business compelled me to visit at stated intervals a great government arsenal, where guns and pistols were made. These weapons were all made by what is known as piece-work. Some workmen did nothing but make hammers, others triggers, others locks, others again, respectively, ramrods, sights, stocks and so on. until every piece of the weapon was made, each by a specialist. Then, the master-worker, the gunsmith, the one thoroughly equipped gun-maker in the whole establishment, fitted these parts together, had the triggers-maker file his rigger to fit the stock, the sammermaker adjust his hammer to strike the cap, adjusted the sights, tested the gun, and had each defect in its turn corrected; or, if that could not be, rejected the weapon. None of these piece-workers could make a gun; none of them could adjust a sight nor test a barrel; none of them were gun-makers. They had lost their art in one of its details. In this factory no difficulty was ever eperienced in obtaining specialists in each line of work. I wa stold it was easy for a mechanic to learn the art of making any part of a gun, but it required years of patient labor and of infinite attention to many details, and their proper relation to the whole, to make a master-worker, a man capable of making a gun fro mstock to sight. It is hardly necessary to state that in this establishment, as in similar ones of he arts and trades, piece-workers do not receive nearly so large a wage as master-workers. As you all know, the reverse is true in medicine, which is another story. Our first specialists in medicine, as has already been shown, were all-around physicians masterworkers: were men who had practiced medicine for years and who had a working knowledge of the whole body, as well as of its constituent parts and their inter-relationship.

These men know the broad expanse of the field, and never for a moment forget that the whole is greater than any of its parts. When called upon to examine an eye, a nose or a throat, they saw something more than a retinitis, an enlarged turbinate or a swollen tonsil. They saw a wonderful mechanism, the human body, with its thousands of constituent parts, so interrelaed and correlated that the slightest maladjustment of any of these parts would likely cause a derangement of the whole organism. They saw this wonderfully-made machine, with one of its parts, an eye, a nose or throat, that needed a little attention to adjusit to the environment. They did not magnify that one part, as some of their later-day colleagues are wont to do. but saw it i nits true light. The qualified specialist—and there are many of them-realizes fully the importance of a thorough knowledge of practical medicine, and does not hesitate to avail himself of the services of the qualified practitioner when needed. The wellequipped specialist also deplores the lack of preparation and fitness of many of his colleagues in his special branch, and is demanding something more than specialism in the specialist. To this demand the near-specialist reply: "Have we not thoroughly prepared ourselves by taking a four-year course in general medicine and surgery? Have we not received our diplomas attesting our fitness for general medicine, with all its rights, privileges and emoluments? The argument seems good, but we who have toiled long in the harness know it is one thing to study medicine and quite another to practice it.

Have you eevr seen a man fresh from his twelve weeks' study of the nose and throat try to remove an innocent-looking little adenoid? I have. The way the curette slips off that little spongy body would lead you to infer it was greased, for even adenoids seem to have sense enough to demand a practiced hand. Le tour du maitre. And heaven knows they are easily enough removed by one possessing the propore skill, which practice alone gives, and do not require an excessive amount of gray matter. To tie up a bundle, to remove adenoids or ligate an artery. requires practice, rather than study. ou all know it requires years of practice, experience and close observation, coupled with study, to make a diagnostician, and as correct diagnosis is an essential in the specialty as in general

medicine, it needs no further argument to show the necessity for the thorough grounding of those entering upon special study. In the beginning, all specialists relied upon the family physician for their patients, and none who failed to obtain such recognition from the general practitioner had any hope of success. Their very bread and meat depended upon the good opinion and good will of their colleagues, and consequently they cultivated that good will in every way possible. When a case was referred to them they invariably wrote a nice little note to the physician, thanking him for his courtesy, and frequently consulted with him as to the patient's general health, habits and idiosyncrasies. If an operation were needed the physician sending the case was asked to administer the anesthetic or assist in the operation, and received the usual fee. After the operation the patient, with a polite noe, was referred back to his physician for whatever treatment necessary. How is it now? With but few exceptions, your note referring your patient to your colleague, better qualified than yourself for that class of work, remains unanswered. on are never asked to administer the anesthetic, seldom asked to assist. Frequently, without your knowledge, this patient of yours, referred by you to one specialist, is referred by him to his round of specialists, that as many as possible might get a whack at his pocketbook. By the time your patient has had his stomach washed out, his turbinates tor nout, his reflexes tested, his blood and feces examined, his epidermis removed, he returns to you broken in pocket and health, oft-times a wiser, but sicker man. The general practitioner has a right to justice and courtesy. He is not merely a signpost on the road to the specialist.

In another part of this paper I have shown the responsibility of the medical schools for our poor equipment on leaving their doors, and I have further shown that the public have found out that the family physician was no longer an oracle. With this judgment of the public I have no fault to find. They pay the bills, and have the right to demand the best. It is far dierent, however in the case of the specialist, whom we have aided by every means in our power to reach this eminence. Common decency, not to mention gratitude. should forever close his mouth as to our shortcomings, especially as we have the good sense and judgment to recognize his ability, ou gentlemen who do piece-work, at least very many of you, never lose an opportunity to belittle general medicine and extol specialism or blame the family physician for many, if not all, of your failures. ou surgeons, in season and out of season, in your papers printed in journals or read to societies, in your interviews by newsmongers, aye, to the very patients sent you by us, blatantly assert that your high death rae in cancer operations is due entirely to the ignorance of the general practitioner, who fails to make an early diagnosis. ou assert, with perfect truth, I must admit, that if the diagnosis were made early enough he results would be far more brilliant and successful, ou discredit the family physician, the mater-workman, the man whose life has been given to the diagnosis and treatment of disease, that you, mere piece-workers, who seldom see cancers until the diagnosis is patent, could have done better. You claim, as you see so many more cases of cancer than any one physician, vou are thereby all the better qualified in the diagnosis of that disease. Specious and shallow argument The physicians

see practically all the cases of incipient cancer and recognize them promptly, but the possessors of those cancers, nine times out of ten, immediately change doctors if we pronounce a slight uterine hemorrhage in a woman passed the climateric as probably of cancerous origin, or a slight persistent abrasion of the lip or a small nodule in the breast of similar origin.

In no part of my work have I met with so much discouragement as in convincing my patients with incipient cancer, apparently very trivial aections. that they were in grave danger and needed prompt surgical intervention. You gentlemen of the scalpel, who know so much, pray tell us how to make those entrusted to our care appreciate the danger signals of cancer, and you will be rewarded by getting your cancer cases before they haev become hopeless. This same claim of diagnostic ability is set up by those general practitioners who pretend to be specialists of the chest, in reference to tuberculosis. We are told by these gentry, and the public is also informed through the press, as well as by themselves that the the cause of the large mortality from tuberculosis is due to ignorance of the family physician. With a grave countenance they assert that if the diagnosis of tuberculosis were made early enough the death rate would be insignificant. This is also platitudinously true. However, when these same gentlemen naively remark that they alone are the capables, and the family physicians the undesirables, the method in their madness is readil yperceived, though the soundness of their logic is disputed. We have all heard about the advice given to a certain shoemaker to stick to his last. It were well if these so-called chest specialists, who treat everything that comes their way, were

to follow that advice—ne sutor supra crepidam judicaret.

While fully recognizing the number fortue specialists and their absolute necessity. I think the line should not be so loosely drawn in these special fields as to include practically everything with a dollar in it. I am at a loss to understand how a man who deliberately invades three or four distinct elds of medicine, and all the borderland adjacent thereto, can honestly claim to be a specialist in any one of those fields. Take gynecology, for example. Surely, this field, ample as it is to tax the ingenuity and test the skill of the bes of us, should be well-defined and clear-cut. In all parts world great men have spent their lives and devoted their entire time in alleviating the suerings of women. No field of work offers more brilliant results or greater emoluments than gynecology. In no domain of surgery has as much ingenuity and originality been called forth as here, and surely the female plevis should easily be recognized. Yet, how often do we hear of men claiming to be specialists of this great branch of surgery, invading the domain of the obstetrician. the pediatrist, the abnominal surgeon, to say nothing of that of the discredied general practiioner? No even saisfied with this, they include general surgery. or anything else they can lay their hands on. Is this fair to themselves or to the women who trust their lives to them upon the supposition that hey are specialists? Is it fair to the lyingin woman for a man fresh from a case of pus-infection to deliver her? Is it fair to the innocent baby for a man claiming to give all of his time to pathological states of women to assume charge of its youn glife? Bea rin mind. gentlemen. I deny no man the right to land an vfish he may get in his net. I

simply ask, should such an one be called a specialist?

Our skin specialists, as well as those who practice on the nose and throat, have rather elastic consciences, or, rather, specialties. It taxes one's credulity to be asked to believe that measles. variola, uvicaria, scarlatina, iodism and syphilis are diseases of the skin, and should, therefore, be relegate to the dermatologist for diagnosis, and possibly treatment. Also, that diphtheria, being a throat disease, needs the services of the larvingologist. However, no one, so far as I know, has claimed whooping cough and pinworms as a specialty; so we of the general profession will have to feed our families on these, unless we can compel the robbers to disgorge.

In claiming everything and leaving us nothing but a diet of whooping cough and pinworms, the specialists have overshot the mark, for they have unwittingly made general medicine itself a specialty, under the absurd title of internal medicine, and we now see cocky little men strutting around and calling themselves internists.

Our specialty should rather be the skin—and all that is in it. Specialism run riot has had its day, and once more ill people are demanding physicians to treat them. The thousands of useless operations performed, the larg efees and the ever-readiness of surgeons to separate every case from an appendix and a fat roll at the same time, have caused the people to sit up and take notice. As in Egypt of old, a great fear has fallen upon the people. Already the public is afraid to consult a curgeon, except in dire need. very cancer cases that should be diagnosed early shun a physician, suspecting that even he may have the ability to diagnose and recommend a surgeon.

Such a case has fallen under my observation the past month. Young women, old women, married women and single women alike are afraid to visit their sick friends in our hospitals for fear of losing an ovary, an appendix, a chroris or something else they would like to keep on account of old acquaintance.

My specialty, general medicine, is coming into its own at last, and already many patients, having run the gamut of specialism and seen the folly of their way, are peacefully and happilv consulting their old and tried advisors, the general medical specialist. As David W. Reid, of Illinois, says: "But who, if anybody, is to blame when one department of the medical profession demands from three to ten times the recompense that is paid for the same amount of time and ability displayed by another branch of the same profession and had its claim allowed by the public? Is it the public, the physician or the surgeon? Let me remark, in passing, that the attitude of the public toward the surgeon is well night idiotic."

There is a glamour about an operation, which is always dramatic, though often unavoidly tragic, which appeals strongly to the public mind, and which invests the operator with a weird and uncanny knowledge, of which he himself is totally unconscious. See how the crowds, with every manner of non-surgical affections, fill the waiting rooms of eminent surgeons, and see how complacently fees, modest fees, regular fees of the general practitioner, are pocketed by these same eminent suregons. Were they to charge \$5 for a vermifuge or a dose of salts, the public would soon abandon them to their legitimate specialty, and they would lose a large part of their income. No: they are too shrewd for that. They realize

that a handful of \$2 and \$5 fees for eczema, piles, indigestion, tic, gonorrhea and rheumatism make a substantial ban kaccount in the long run. If the public persists in wasting its time, its health and its money in consulting men who do not profess to practice general medicine, we have no just cause for complaint. The field is open, and the fool and his money soon part. As I have said elsewhere, the public is being educated from day to day in reference to medical subjects, and the day has passed when ignorant physicians and God knows they, like the poor, are always with us-can call every fever, malaria and every abdominal pain, colic, and all other pains, neuralgia. At present, in almost every home will be found a clinical thermometer, charts, popular articles and lectures on diseases, their mode of invasion, symptoms, treatment, etc. Medicine no longer consists in counting the pulse, looking at the tongue, ordering calomel and quinin, looking wise and saying: "I'll call again in he morning." The old order has passed. Are we fitted for the new? If so, all is well; if not, the way is open for all of us to fit ourselves for the new conditions, or else be left hopelessly behind. The law of the survival of the fittest is as true in medicine as in the flora and fauna surrounding us. As the vigorous young pine sapling pushes its crest above its fellows, thereby putting them in the shade and dwarfing them, so do the studious, hardworking, painstaking young physicians who adapt themselves to their environments, distance their fellows in the mad race for success.

There is said to have been a mythical battle between the devil and some of his associates. In this battle the devil had everything his own way and laughed heartily at the abuse and cold.

water that was thrown at him. You see, like some of our friends, he was a pachyderm. However, he reckoned without his host, as all of his adversaries were not fools. Soon they commenced fighting him with fire, and the tables were turned. Let us apply this fable to ourselves. If general medicine be too crowded and the few crumbs allowed us by the actopus that literall has its tentacles on every branch of medicine, do not suffice to feed our hungry broods, what recourse have we? Two courses lie open to us: We must either embrace specialism ourselves or else carry war into the enemy's camp, fight the devil with fire, hoist the enemy with our own petard—but how? you ask. Fit ourselves to do most of your own surgery. Study the skin and learn to treat the commoner forms of its diseases, and leave the rarer to the dermatologist. Every year take a course in our post-graduate schools and hospitals on some special branch. Learn to perform simple operations on the nose and throat, and how to treat the ear and ordinary eye affections. In gynecology especially, will your harvest be rich for the study given it. If every physician under forty will do this, and furthermore would refuse to refer his patients to an ybut legitimate specialists, a quick revolution would ensue. The gynecologist, who claims to be a great baby doctor, a recognized authority in obstetrics, a general abdominal surgeon and an expert diagnostician in cancer, tuberculosis and the innumerable neuroses, would soon pull in his horns or else go out of business. The same rule should be applied to the dramatologist, who persists that syhilis, iodism, scarlatina, variola, etc., are skin diseases. As I have just crossed the forty-mile post, you will see I am not speaking for myself, but for my colleagues who are entering upon the strenuous struggle.

I would not be understood as advising you to attempt a laparotamy, an iridectomy or a mastoid operation, for that would be madness on your part. Yet should, however, know how such operations are done, their difficulty and the serious results likely to follow such operations in the hands of those not thoroughly fitted for tha class of work. Render unto Caesar the things that are Caesar's, but fit yourselves for making a living by conscientious work in legitimate fields. I do not go as far as many in attributing every advance in medicine to specialism, but we of the general profession unquestionably owe a big debt of gratitude to "our friend, the enemy," for what he has raught us, and in order to show our appreciation and gratitude it behooves us to teach him his limitations and to warn him off our preserves. Cave canem.

Read before Orleans Parish Medical Society, July 25, 1910.

BOOKS REVIEWED

HOOKWORM DISEASE—Etiology, Pathology, Diagnosis, Prognosis, Prophylaxis, and Treatment.—By George Dock, A. M., ,M. D., Professor of the Theory and Practice of

Medicine, Medical Department Tulane University of Louisiana, New Orleans and Charles C. Bass, M. D., Instructor of Clinical Microscopy and Clinical Medicine, Medical Department Tulane University of Louisiana, New Orleans. 250 pages, royal octavo. Fifty illustrations, including one colored plate. Price \$2.50. C. V. Mosby Company, St. Louis, Publishers.

This book is timely because now is the time that each practitioner must be acquainted with the hookworm disease which has invaded our territory. Several cases have been reported and the author himself had opportunity to recognize the laroal in feces from the lower Rio Grande valley.

The book is replete with the necessary information of the causative factors and its influence upon individual

and the afflicted community.

A full account of our present knowledge of the hookworm is given. The whole process of diagnosis and examination physically and microscopially, is complete.

A pleasant feaure of the book is its dedication to C. W. Stiles, the government's expert to whom mankind is so much indebted for our present, although greatly imperfect, knowledge of parasitary zoology.

The authors understood to produce a book which not only gives the neces-

sary scientific information on a subject but is eminently practical at the same time.

ELECTRICITY IN GYNECOL-OGY—By May Cushman Rice, M. D., Published by L. I. Lamy & Co., Chi-

cago.

Electricity has been revived of late. The man of science dare, no longer sneer when high frequency and other currents are mentioned. It may be true that the lighted vacuum tubes constitute ocassionally a very suggestive factor; but how about those tampons, suppositories and other routine measures which convince the patient that she is being treated?

We quote from the preface:

"We wish it distinctly understood that our attitude is electricity for the patient, not the patient for electricity. We do not claim to be a cure-all, neither do we wish to use it when another agent is to be preferred.

This book is intended to supplement a course in electrotherapy. Anatomy and physics, easily obtainable else-

where, will be omitted."

ABSTRACTS

THE COMPENSATION FOR MEDICAL SERVICES

Whatever may be the true explanation of the present high cost of living, and newspaper and magazine writers have discussed and defended every possible theory to account for it, the fact remains and is forcibly brought to our attention every day that it takes abou \$1.75 to buy what ough to be bough and what a few years

ago could be bought for \$1.00. There are perhaps none in the community, with the possible exception of the small salaried men, who suffer more from this increase in the cost of the necessaries of life than do physicians. The wage earner has seen his wages steadily increase with the increased cost of living; the shopkeeper makes the

same margin of profit, or a larger one, than before; the capitalist and the man of large inevstments sees his wealth accumulate more rapidly than ever, but the medical man who is facing a steadilv growing competition, not only in the constant increase in the number of educated physicians in all communities, but also fro in the many new forms of quackery and thereapeutic fads which attract large numbers of those who should be his patients, the medical man we repeat, sees his income steadily diminishing and at the same time sees his dollars shrink in size. In addition to the increased competition in the practice of medicine, new methods of prophylaxis and treatment, which physicians themselves have discovered and introduced, are constantly reducing the number of cases of sickness and shortening their duration, so that the physician sees fewer patients, than formerly. makes fewer calls than before on those he does see, receives as a rule smaller fees and can purchase much less with the fees which he does receive. He must keep about the same standard of living as before, the cost of the equipment of profession, like everything else, is higher than ever, and so the financial problem of his life becomes more pressing every year. What of the future?

We are not prepared of course to solve the problem in all its phases, perhaps not in any of them, but there is one point of view which we would like to call attention to and to emphasize. We stated above that here is less sickness than formerly and that very many diseases run a shorter course than used to be the case. This means that the cost of sickness, both to the community and to he individual has been much lessened. This reduction in the cost of sickness has been brought about by the medical profession and thereby the

world has incurred a debt to our profession which we believe should, after some fashion, be paid. It cannot of course be paid directly, but there must be some kind of readjustment in regard to the compensation of physicians for their services which shall correspond in some degree to the changed conditions of medical practice. The general practitioner is the hardest fit, for his cases of typhoid, of diphtheria, of scarlet fever and of infantile diarrhea are becoming fewer and fewer and he makes fewer calls upon those de does see.

Now we are not for a moment deploring this triumph of medicine over disease; we boast of it and glory in it, but we also feel that the increased value of our services is deserving of increased compensation. This can be brought about by a general increase in our charges to those who can afford to pay and it can be brought about for the general practitiner, the family physician, by adopting a method which w ehave long felt ought to be adopted by him. Why not abolish entirely the old-fashioned plan of charging so much a visit and carefully recording the number of visits made and charge as the surgeon does, a lump sum for the whole period of each service? It is certainly not adequate compensation for having cared for a well-to-do patient through a case, for instance, of typhoid fever which has entailed say fifty visits, to charge exactly three dollars a visit. We believe that such a service worth twice or perhaps three three that amount. We believe that the ime has come o give up our so-called fee bills which esablish a fixed price for each visit and for each service and have a general understanding, that it is impossible to itemize our accounts at all. Let every physician when he has completed his attendance upon a patient render his bill for such an amount as in his opinion his services have been worth to the patient, taking into consideration not only the amount of time he has given to the case, but also the circumstances of the patient, and his ability to pay. If this plan were generally adopted it would not only materially simplify the physician's bookkeeping, but it would result in a much fairer compensation for his services.—Editorial in St. Paul's Medical Journal.

MUST CURE TO BE PAID

Such is the sense of a decision rendered recently in the Superior Court sitting in Macon, Ga., in a case at law in which Dr. C. L. Stahl sued C. W. Jordan for \$200 for operating on the latter's eleven-year-old daughter for tuberculosis of the knee joint. The child died after the operation. We are gratified to note that physicians are greatly stirred by this decision and are rais-

ing a fund o have the case carried to the Supreme Court. Upon the basis of this decision a lawyer should not be paid unless he wins the suit for his client (which can be guaranteed only when the lawyer has the thing "fixed"). Upon the same basis also no clergyman should be paid who cannot guarantee Heaven for his parishioners.—Exchange.

THE DOCTOR DOES NOT WORK FOR FEES ALONE.

It is something more than the prospect of good fees which enables us to endure obstetric vigils and other medical strains that would try the patience and fortitude of demigods.

The degree in which that "some-

thing" is possessed determines the physician's fitness.

Great practitioners always possess it in high degree.

Men who possess it not at all or in slight degree ought not to practice medicine.—Critic and Guide.

HOW TO AVOID DOCTOR'S IMPOVERISHMENT.

What is the remedy for these evils? No one will deny that epenses have increased and are still increasing daily. No one can deny that the actual sources of income have been greatly diminished by general hygiene and preventive medicine. No one can deny that the capital of the educated and honest practitioner has been depreciated by

evil legislation. If we are to escape the evils of commercialism it is evident that some changes must be wrought and we must recognize that there is a business side to medicine. Our men cannot go on always with diminishing incomes and increases expenses and increased competition on the part of licensed quackery and folly.—New York State Journal of Med.

ANOMALIES OF THE PHYSICAIN'S LIFE.

"The physician fusses," says Amedee Latour, "but it is the disease that leads him about. Life is short, patients are hard to please, the brethren are deceptive. Practice is a field of which worldly wisdom is the manue. A patient is like flannel; neither the one nor the other can be left for a moment without danger. The patient who pays his doctor is exacting; the patient who

does not pay him is a despot. Simplicity, modesty, truth, charming things—everywhere else than by a patient's bedside, where 'simplicity' is taken to be hesitation; 'modesty' diffidence of one's self; 'truth' roughness. Medicine is the only profession in which lying is a duty. The doctor who goes away has the same chance as a lover of finding himself replaced by a substitute on his return."

ORAL ADMINISTRATION OF ANTITOXINS.

C. T. McClintock and W. E. King (Jour. Infect. Dis.,) state that toxins and antitoxins when given by mouth are usually rendered inert by the digestive processes. Their therapeutic or immunizing value is uncertain and not to be relied upon. If digestion is inhibited, which may be readily accomplished by the use of appropriate drugs, toxins and antitoxins are absorbed unchanged and apparently in sufficient quantity and with such uniformity as to warrant the use of this method for therapeutic and immunizing purposes. In treating children with antitoxin per mouth, the following method has given uniform and satisfactory results: One half hour before administering the serum the child is given one glass of I per cent sodium bicarbonate solution. When the antitoxin is given there is added to it one minim of fluidextract opii and from four to ten minims of saturated solution of salol in chloro-

form. When possible, no food should be given for at least four hours before administering the serum. In the nineteen children and hundreds of animals used in the writer's experiments, there was no evidence of any "serum sick. ness" or anaphylaxis. The authors believe the oral method of adimnistering antitoxins of tetanus and diphtheria is the preferable one for prophylaxis: a. On account of the absence of danger and the ease of administration; b. because the cost may be very materially lessened. The hypodermic method of . administering sera for curative purposes is the only one to be recommended unless extensive clinical experience should show the oral method is equally efficacious. A relatively high degree of immunity may be produced in animals by the oral administration of taxins if the absorption of the same is promoted by such means as suggested above.

CONGENIAL INSPIRATORY STRIDOR.

J. von Bokay (Arch. de Med. des Enf.,) gives the histories of three cases of congenital inspiratory stridor, and states his conclusions as to its cause. He disagrees with Hochsinger, who considered it due to pressure on the trachea by an enlarged thymus gland. The author believes it due directly to changes in the shape of the epiglottis, which becomes curved at its edges. In

the author's cases there was noenlargement of the thymus gland. There was a neurotic diathesis with failure of coordination, and modification of the position of the aryepiglottic folds, which he considers to be the primary condition. The lumen of the trachea is normally oval with the large axis transverse. Hardening of the tissues causes contraction of the lumen.

INTRACRANIAL HEMORRHAGE IN THE NEW-BORN

I. R. Torbet, (Bost. Med. Surg. Jour.) reports two fatal cases of intracranial hemorrhage in the new-born. confirmed by autopsy. The interesting feature was the absence of localizing symptoms, and apparently this is characteristic of these cases. Unquestionably, many cases of early death in infants which have been put down as inanition and other causes have been due to intracranial hemorrhage. In infratentorial or cerebellar hemorrhage the infants are at first generally quiet and take their nourishment, but the respiration becomes affected; accordingly we see cyanosis, irregular and convulsive breathing, and finally, owing to the formation of collateral edema of the cerebral hemispheres, general convulsions supervene and death usually occurs on the second or third day. In supratentorial or cerebral hemorrhage. which is generally unilateral, in addition to the symptoms of compression. restlessness crying, refusal of food

from the first, coma, irregular respiration and action of the heart, bradycardia ,and, during the stage of excitement, vasomotor disturbances, there are definite signs of a unilateral focus, as facial paresis or spasm of the extremities, with increase of the reflexes on the opposite side, from which the seat of the lesion may be determined. When the hemorrhage is both above and below the tentorium there symptoms of bothe categories. Confirmatory evidence can be obtained by lumbar puncture from the presence of blood cells in the meningeal fluid. This symptom accompanied by a bulging anterior fontanel is practically pathognomonic of the condition. The only hope of successful treatment lies in early raising of a large osteoplastic flap, opening the dura and clearing away the extravasated blood with salt solution irrigation. The dura is then closed. the bone flap replaced, and the wound closed without drainage.

RESISTANCE OF THE DIPHTHERIA BACILLUS TO DESICCATION.

Francesco Valagussa (*Riv. di Clin. Ped.*,) has experimented on the effect of desiccation on the diphtheria bacillus by drying it slowly and then keeping it sealed in a tube in the laboratory two years. The tube was opened every two weeks and cultures and injections were made. He found that the bacillus maintained its virulence for the entire two years. This shows that one cannot be too careful in the disinfection and

sterilization of articles that have come in contact with diphtheria patients, and that the germs may be carried for a long time on the clothing of those visiting the patient or caring for him. The bearing of this fact on treatment of these cases and prevention of contagion is very important. The use of antitoxin and rapid disappearance of the symptoms of the patient should not lessen the care of disinfection after a clean culture has been obtained.

BACTERIOLOGICAL DIAGNOSIS OF DIPHTHERIA.

I. E. Blake (L. I. Med. Jour.,) has attempted to ascertain why the Department of Health reported negatively upon a number of cases which clinical observation and private cultures showed to be diphtheria. He finds the explanation in the fact that the Department incubates for about fourteen hours at body temperature. His own control tubes were incubated at a temperature of 75 degrees to 80 degrees F. and for a longer period. This method has the advantage that the contaminating bacteria grow very slowly at this low temperature, and that the diphthe-

ria bacilli, though few, eventually outstrip the others, and are more apt to be discovered, if present. He believes that in order to reach the utmost accuracy possible, two cultures should be prepared at the same time, and one incubated at body temperature for about fourteen hours, the other at about 75 degrees F., for a couple of days. If the first showed a positive growth, it would not be necessary to examine the second; but if the first was negative, the second would almost certainly reveal the presence of the bacilli if the disease was true diphtheria.

Volume VI

NOVEMBER, 1910

No. 2

EDITORIAL

DR. J. N. McCORMACK VISIT.

Doctor J. N. McCormack has made his tour of the territory. To say that his lectures were good would not express their value. His lectures were given in nearly every place of any size, to large, intelligent audiences and no one who heard his lecture was disappointed.

He told many plain truths in plain language, which profession and laiety could easily understand, and told them in such a forceful way that they will not soon be forgotten.

He stepped on many of our corns but never failed to suggest a remedy, which if properly applied, would free us from the sore spots.

The milk of human kindness and the balm of brotherly love, flows from the soul and through the lips of this great Kentuckian. His words pour oil upon the troubled waters of professional discord and point out a haven of peace and prosperity.

Life to this gifted orator and great scholar is not a hurdle race with the whole field striving for gold and glory; but a peaceful garden where all may enjoy the fruits of honest toil free from jealousies, envy and hate, with all laboring earnestly for mutual good.

He preaches a religion so broad that there is no sect but can approve. He teaches a doctrine that all mankind may follow, and he lives up to both in his public and private life.

A great physician, a great teacher, he is a philosopher and a greater philanthropist. Throughout the length and breadth of this great land he has made his hearers wiser and better men and women.

He has raised the profession to a higher plane morally, socially and intellectually, and has burned the motto of his state so deep into their hearts that they will never forget, that "United we Stand, Divided we fall."

S. D. SWOPE.

TUBERCULOSIS NUMBERS.

It is proposed to issue two "Tuberculosis Numbers" of the Journal, the first appearing in January. In these numbers it is intended to discuss tuberculosis from the stand-point of the physician practicing in the Southwest. Effort will be made to have papers from a number of recognized authorities in the Southwest in addition to the papers presented at the meeting held in Albuquerque. The New Mexico Society for the Prevention of Tuberculosis has been asked to co-operate.

As the issue will be limited, subscribers desiring extra copies will do well to have their orders in in advance.

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THE NEW MEXICO MEDICAL JOURNAL.

With this issue the Journal appears under the editorship of the members of the Council with the secretary as managing editor. At the recent meeting of the Council (Belen, November 6th.) the present arrangement was decided upon as being for the best interests of the society for the coming year. The editors and the manager appeal to the members of the New Mexico Medical Society for their united and loyal support of the Journal and promise to do the very best they can to make it representative of the profession of the Territory.

The secretary of each county society is an assistant editor and if each will but send in the items of interest in his locality, the society proceedings, and such other matter as may be of interest to the profession, it will not take long to make the Journal a looked for periodical.

It is hoped to issue a monthly and to do this it will be absolutely necessary that all material be kept well up-to-date and mailed to the month.

THE COUNCIL MEETING.

The Council held a meeting in Belen on Saturday, November 6th, 1910, under call from the president of the Society, as more fully appears in the printed minutes on another page. This meeting was made necessary by the amount of unfinished business before the Council, together with the fact that an editor for the Journal had to be selected. The action of the House of Delegates in electing an editor at the Albuquerque meeting in September was declared illegal by the president, and in this contention he was upheld by the members of the Council. The ruling was based upon Section 5 of Article VII of the By-Laws, which section gives the Council "authority to appoint an editor."

The meeting was a harmonious one and while there was much discussion, it was simply in the interests of harmony and in an endeavor to find out what course would be for the welfare of the Society. The proceedings published on another page show what was done and their careful reading is urged upon all members.

It seems apropos here to suggest a study of the Constitution and By-Laws and in future issues of the Journal we hope to call particular attention to certain articles and sections which have been violated in the past in the hope that terial.

managing editor not later than the fifth of each a more careful study of our organic law will result in fewer errors and less friction.

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INTERNATIONAL RAILWAY SUR-GEON'S ASSOCIATION.

On October 28th, 1910, in El Paso, Texas, an International Railway Surgeon's Association was formed by the railway surgeons of New Mexico. Arizona and northern Mexico. This organization was the result of a suggestion made by the New Mexico railway surgeons and at this meeting the New Mexico Railway Surgeon's Association was merged into the new organization. Dr. G. K. Angle of Silver City, New Mexico, is the president and Dr. W. L. Brown of El Paso, Texas, the secretary of the new organization.

Owing to the change in management and the necessary delays in transferring the effects of the Journal from East Las Vegas to Las Cruces, this issue of the Journal will appear a little behind time.

In order to make space for the society proceedings of the Belen meeting of the Council, we have been forced to omit from this issue a number of extracts and abstracts. Future issues will appear on time—we confidently expect and will carry their full quota of reading ma-

MINUTES OF THE TWENTY-NINTH ANNUAL MEETING OF THE NEW MEXICO MEDICAL SOCIETY

Albuquerque, N. M., September 29th and 30th, October 1st, 1910.

The House of Delegates of the Twentyninth Annual Meeting of the New Mexico Medical Society was called to order by President J. W. Elder, the secretary and the following delegates were present:

Bernalillo County Medical Society—Drs. W. G. Hope, J. F. Pearce, C. A. Frank and H. B. Kauffman.

Las Vegas Medical Society—Drs. H. M. Smith and H. W. Goelitz.

Grant County Medical Society - Dr. S. A. Milliken.

Otero County Medical Society-No delegate.

Luna County Medical Society - Dr. S. D. Swope.

Quay County Medical Society-No delegate.

Chaves County Medical Society—Drs. R. L. Bradley and W. T. Joyner.

Eddy County Medical Society—Dr. E. S Furay.

Curry County Medical Society-No delegate.

Torrance County Medical Society—No delegate.

Dona Ana County Medical Society-No delegate.

Santa Fe County Medical Society-Dr. I. A. Massie.

Roosevelt County Medical Society-No delegate.

The minutes of the last session were then read and adopted, after having been corrected to conform with the printed Constitution and By-laws of the Society.

The Secretary's report was read and it

accepted and the account referred to the Council for auditing.

It was moved, supported and carried that the Treasurer's report which was then read, be referred to the Council for auditing.

The President then read some communications from Dr. J. N. McCormack, organizer for the American Medical Association, regarding a visit to New Mexico, and it was moved. supported and carried that a committee of three, including the chair, be appointed to confer with Dr. McCormack for a visit to the various societies next year. The President then appointed Drs. W. T. Joyner and H. B. Kauffman to act with the chair in this regard.

The House then adjourned to meet at 8 a. m., September 30, 1910.

MEETING OF THE HOUSE OF DELEGATES Friday, September 30, 1910.

The meeting was called to order by the President.

The minutes of the previous session were read and approved.

All delegates were present, including Dr. R. E. McBride, who at this time presented credenfials from Dona Ana County Medical Society.

Amendments to By-laws and Constitution as proposed at Roswell meeting were then taken up for action.

The amendment to Article 9, Section 2, relative to the appointment of seven Councillors, being put to a vote, was lost.

The amendment to Chap. 5, page 9, was carried when amended to read: "In case of absence from regular meetings of any of the Counwas moved, supported and carried that it be cillors, the House of Delegates shall elect a

member of the Society from the unrepresented district to serve for that meeting only."

The amendment to Art. 4, Sec. 2, of the Constitution, relative to the striking out of the word "regular" was lost, after having been put to a vote of the House.

Amendment to Chap. 5, Sec. 4, of the By-laws, relative to eligibility of delegates to office, when put to a vote was carried. The section now reads: "Delegates shall not be eligible to office of president."

Dr. H. B. Kauffman, Albuquerque, then gave notice of amendment to By-laws as follows: "That it shall be unethical for any member of this society to consult with members of any sectarian class of practitioners."

Dr. James A. Massie, Santa Fe, gave notice of amendment to By-laws as follows: "That Chap. 8. Sec. 3. be amended to read: 'Shall consist of seven members and the president and secretary active and voting members."

At this time Dr. J. R. Gilbert, Alamogordo, entered and presented credentials as del egate from Otero County Medical Society.

Drs. W. R. Tipton and E. B. Smith, East Las Vegas, were then appointed a committee to draft resolutions relative to the Owen bill, which is pending before Congress for action.

It was moved, supported and carried that the House of Delegates recommend a night session of the general meeting.

The House then adjourned to meet at 8 a. m., October 1, 1910.

MEETING OF THE HOUSE OF DELEGATES

Saturday, October 1st, 1910.

The meeting was called to order by President Elder, the secretary and all delegates being present.

The minutes of the last session were read lor for term of three years. and approved.

It was moved and supported that the vote relative to the amendment striking out the word "regular" be reconsidered. Upon being put this motion was lost, and the word "regular" still retained in Art. 4, Sec. 2, of the Constitution.

The amendment to Chap. 9. Sec. 5, of the By-laws, relative to consultation with sectarian classes of practitioners, resulted in its being tabled.

It was moved and supported that a committee of three be appointed to consider the rearrangement of Art. 4, Sec. 2, of the Constitution and to recommend any change, reporting at the next meeting, wherupon the president appointed Drs. R. E. McBride, H. M. Smith and W. T. Joyner.

The substitute amendment to Chap. 8, Sec. 3, of the By-laws, offered by Dr. G. W. Harrison, when put to a vote was carried. This section now reads: "The Committee on Public Policy and Legislation shall consist of a member of each county society, appointed by the president upon the advice of and confirmed by the Council, the president and secretary being active and voting members."

The report of the Committee on Resolutions regarding the deaths of Drs. C. E. Thorne and G. H. Bacon was adopted.

Election of officers then being in order the following were elected to serve during the coming year;

Dr. F. T. B. Fest, East Las Vegas, President

Dr. R. L. Bradley, Roswell, 1st Vice-President.

Dr. Leroy S. Peters, Silver City, 2d Vice-President.

Dr. D. H. Carnes, Albuquerque, 3d Vice President.

Dr. G. S. McLandress, Albuquerque, Secretary, (re-elected.)

Dr. J. A. Massie, Santa Fe, Treasurer.

Dr. J. H. Wroth, Albuquerque, Council-

Other Members of the Council—Dr. W. R. Tipton, East Las Vegas, term expires 1911; Dr. W. T. Joyner, Roswell, term expires 1912.

Dr. J. W. Elder, Albuquerque, Delegate to American Medical Association.

Dr. L. L. Cahill, Springer, Alternate Delegate to American Medical Association.

Dr. G. S. McLandress, Albuquerque, editor of Journal N. M. M. S.

Committee of Scientific Work—Dr. R. E. McBride, Las Cruces; Dr. J. W. Colbert, Albuquerque.

It was moved, supported and carried that the Council have jurisdiction in selection of Associate Editors for the Journal of the New Mexico Medical Society.

Las Vegas was then chosen as the meeting place for the fall of 1011.

The House then adjourned until 1 p. m., Oct. 1st, 1910.

MEETING OF THE HOUSE OF DELEGATES

Saturday Afternoon, October 1st.

The meeting called to order by president and all delegates present.

The report of the meeting of the Council was then read and adopted, and the report of the editor of the Journal taken up for consideration.

Dr. F. T. B. Fest, was admitted and addressed the House and explained his report of the Journal.

After Dr. Fest withdrew from the House, Dr. Tipton moved to reconsider the vote as to the election of editor. This motion was seconded by Dr. Cahill, and upon being put was lost.

It was moved and supported that a vote of thanks be offered Dr. Fest for his able editorship of the Journal for the past year, and the president appointed a committee consisting of Drs. Swope, Massie and Tipton to draw up suitable resolutions to this effect to be presented on the floor of the general meeting.

Dr. G. S. McLandress tendered his resignation as secretary, which was accepted, and Dr. R. E. McBride, Las Cruces, was made unanimous choice of the House for the position.

Dr. J. H. Wroth at this time entered and tendered his resignation as Councillor, which was accepted. Upon motion the secretary then cast the vote of the House for Dr. S. D. Swope, Deming, for Councillor, for the next three years

Dr. W. T. Joyner, Roswell, gave notice of Art. 9, Sec. 1 and 2, of the Constitution as follows:

"Amend Art. 9, Sec. 1, of the Constitution by striking out the word "three" and inserting the word "seven."

"Amend Art. 9, Sec. 2, by striking out all that portion of said section referring to terms of Councillors and inserting the following: 'The terms of Councillors shall be for three years. Those first elected serving as follows: Two for one year, two for two years, three for three years, as may be arranged, so after the first election, two shall be elected annually for a term of three years,' "and each third election three shall be elected for a term of three years."

The committee appointed to consider the rearrangement of Art. 4, Sec. 2, of the Constitution offered the following amendment: "Amend Art. 4, Sec. 2, of the Constitution by striking out all that portion of Sec. 2 down to and including the word "territory," and substitute therefor as follows: The members of this society shall be of good moral and professional character, graduates of a reputable medical college, and licensed practitioners of the Territory." Signed by the Committee, Drs. R. E. McBride, H. M. Smith, and W. T. Joyner.

The House of Delegates of the Twentyninth Annual Meeting of the N. M. Medical Society then adjourned, sine die.

G. S. McLANDRESS,

Secretary.
Albuquerque.

MEETING OF THE COUNCIL.

The meeting of the Council was called to order by the president at the appointed time, Thursday, September 29th, 1910, President Elder and the following members being in attendance: Dr. G. W. Harrison, Albuquerque; Dr. W. R. Tipton, Las Vegas; Dr. W. T. Joyner, Roswell; and the secretary, Dr. G. S. McLandress.

The report of Dr. F. T. B. Fest, editor of the Journal, was taken up and action deferred until the next meeting of the Council.

The application for membership of Dr. W. A. Parvis, Socorro, was acted upon favorably.

The report and account of the secretary was then read and it was moved, supported and carried that the same be adopted.

The Council then adjourned to meet at 11 a. m., September 30, 1910.

MEETING OF THE COUNCIL, FRIDAY September 30, 1910.

The Council was called to order at the appointed time by President Elder, all members being present.

The account of the Journal was taken up for auditing, after which both report and account were adopted.

It was moved, supported and carried that the report of the treasurer be adopted, same having been audited.

The account of Dr. A. H. Faith for expressage was allowed and the secretary instructed to draw warrant to cover same.

Council then adjourned to meet at 11 a. m., October 1, 1910.

MEETING OF THE COUNCIL, SATURDAY October 1st, 1910.

The meeting was called to order by the president, all members being present.

The committee appointed to draft resolutions regarding the Owen bill, offered the following:

Whereas, There is now pending before the Congress of the United States a bill for the creation of a Secretary of Public Health, and for the harmonious blending of the many bureaus affecting health matters, known as the Owen bill,

Be it Resolved, That the New Mexico Medical Society at its 29th Annual Session most cordially endorse same and pledge itself to give this most important measure every assistance within its power.

Whereas, There is no more important matter than the preservation of public health, and

Whereas, The Constitutional Convention is about to convene at Santa Fe, to frame a Constitution for the new State-to-be of New Mexico,

Therefore Be it Resolved, That the New Mexico Medical Society at its 29th Annual meeting assembled, urge upon the New Mexico Constitutional Convention the importance of providing for a Secretary of Public Health as a state officer, to be the head of a Health Department for the purpose of conserving the health of the people in the new State.

The committee appointed to draught resolutions regarding the deaths of Drs. E. C. Thorne, and G. H. Bacon, then reported.

The Council recommended to the House of Delegates that the incoming president appoint an historian for the Society, to collect data relative to pioneer physicians of the Territory.

The Council also recommended that the House of Delegates and general meeting endorse the sentiments contained in President Elder's address.

The Council then adjourned, sine die.

G. S. McLANDRESS.

Secretary.
Albuquerque.

MINUTES OF THE GENERAL MEETING NEW MEXICO MEDICAL SOCIETY

Albuquerque, N. M., September 29th and 30th, October 1st, 1910.

The twenty-ninth annual meeting of the New Mexico Meidcal Society was called to order by President J. W. Elder, at Albuquerque, September 29th, 1910, in the rooms of the Commercial Club.

Rev. Hugh A. Cooper, Albuquerque, then offered divine blessing, the members standing.

Dr. James H. Wroth, president of the Council of the City of Albuquerque, welcomed the Society in a few well chosen words, after which Dr. L. G. Rice on behalf of the Bernalillo County Medical Society made welcome the practitioners who were strangers in Albuquerque.

Dr. Leroy S. Peters of Silver City, responded to the addresses of welcome for the Society in his usual happy manner.

Dr. J. W. Elder, Albuquerque, delivered his annual address, which was well received by the Society, great attention being paid to its important points.

The General Meeting then adjourned to meet at 1 o'clock p. m., Thursday, Sept. 29th.

The meeting was called to order by President Elder and Dr. W. W. Spargo, Albuquerque, chairman of Surgical Section, given charge of the program for the afternoon.

Being desirous of catching an early eastern train, Dr. E. S. Bullock, Silver City, who was to read a paper in the section Tuberculosis, on "Tuberculin in the Treatment of Tuberculosis," was given the floor. Dr. Bullock's paper was discussed by Drs. F. T. B. Fest, L. S. Peters, E. S. Furay, A. G. Shortle, S. D. Swope and R. Smart.

Dr. J. W. Colbert, Albuquerque, then delivered an oration on "Surgical Progress of the Past Year," which was carefully delivered and prepared, and thoroughly appreciated by all present.

The next paper on the program was read by Dr. W. A. Parvis, Socorro, entitled "Anii sepsis," and was discussed by Drs. Kauffman, B. F. Stevens, W. A. Ingalls, L. L. Cahill and W. L. Brown.

"Treatment of Wounds" was the subject of a well written paper by Dr. F. de la Vergne, Albuquerque, which provoked a lively discussion by Drs. J. H. Wroth, James Vance, S. D. Swope, P. G. Cornish, W. L. Brown and J. A. Massie.

Dr. James Vance, El Paso, then read an interestimg and instructive paper on "Some cases of Intestinal Obstruction," presenting pathological specimens and describing technique of operations in each case. This paper was discussed by Drs. Prentiss, W. L. Brown, P. G. Cornish and H. A. Ingalls.

The meeting then adjourned to meet at 8 a. m., September 30, 1910.

MINUTES OF THE GENERAL MEETING

Friday, September 30th.

The meeting was called to order by Dr. W. W. Spargo, chairman of the Surgical Section, at 10 a m.

The first paper of the morning was read by Dr. P. G. Cornish, Albuquerque, on "Injuries to the Abdomen." This was discussed by Drs. G. K. Angle, S. A. Milliken, Jas. Vance and W. L. Brown.

Dr. B. F. Stevens, El Paso, Texas, read an interesting paper on "Fracture of the Base of the Skull," reporting a number of cases. Dr. Stevens' paper was discussed by Drs. J. W. Colbert and H. M. Smith.

A splendid paper entitled "Legal Duties and Liabilities of Physicians and Surgeons," was read by Hon. Edw. L. Medler, Albuquerque, and was thoroughly appreciated by all present and freely discussed by a great number of members.

At this time it was moved, supported and unanimously carried that a vote of thanks be tendered Mr. Medler for his excellent paper.

Dr. M. L. Wilder, Albuquerque, then gave a report of a "Case of Traumatic Epilepsy," presenting the patient who had been oper ated upon and showed signs of a good recovery. The paper was discussed by Drs. Mc Bride and Vance.

"Surgical Management of Suppurative Peritonitis" was the title of a well written paper by Dr. D. H. Carns, Albuquerque, Drs. J. A. Massie and W. T. Joyner opening the discus sion.

Dr. J. H. Wroth, Albuquerque, read a paper on "Prognosis of Railway Injuries," which was thoroughly discussed, after which the Society adjourned to meet at 1 o'clock p.m.

Friday, September 30th.

1 P. M.

The meeting was called to order by the president, and Dr. R. E. McBride, chairman of the Section in Medicine, was called upon to preside.

Dr. McBride opened the meeting with a stirring oration on "Modern Medicine," and it was then moved, supported and carried that the sentiments and recommendations contained in this oration be urged upon the Constitutional Convention about to be convened at Santa Fe, by the House of Delegates of this Society.

The following program was then carried out:

- M. D. Welsh, Pena Blanca, subject: "Modern Medicine." Discussion opened by Drs. S. A. Milliken and L. G. Rice.
- E. G. Prentiss, El Paso, Texas, subject: "Diagnosis of Gastric Carcinoma." Discussion by Drs. de la Vergne, T. B. Hart.
- J. R. Gilbert, Alamogordo, subject: "Congenital Mitral Regurgitation." Discussion by Drs. C. J. Amble and de la Vergne.
- John W. Flynn. Prescott, Ariz., subject: "Preventive Medicine in the Southwest, Its Aims and Limitations." Discussion opened by Drs. C. M. Yater, J. W. Colbert, J. A. Riedy and R. E. McBride.
- W. G. Hope, Albuquerque, subject: "Etiology of Rheumatic Fever." Discussion opened by Drs. J. A. Riedy, P. G. Cornish.
- S. G. Van Alman, Clovis, subject: "Acute Rheumatism." Discussion opened by Drs. W. G. Hope, J. A. Riedy, R. E. Mc-Bride.

The meeting then adjourned to convene at 8 o'clock.

Friday, September 30th, 8 P. M.

The meeting was called to order by Chairman McBride at the apointed time.

The first paper of the evening was read by Dr. S. H. Milliken, Silver City, and was entitled "Body Temperatures, What they Mean, and How to Regulate Them." The paper was discussed by Drs. Patchin and Wittwer.

Dr. G. W. Harrison, Albuquerque, then read a paper entitled, "Auto-Toxemia," which was dicussed by a large number of members present.

The meeting then adjourned until Saturday, Oct. 1st, 8 A. M.

MINUTES OF THE GENERAL MEETING Saturday Morning, October 1st.

Under the leadership of the members of the New Mexico Society for the study and prevention of Tuberculosis, the morning was given to the Symposium on Tuberculosis.

Dr. F. T. B. Fest, E. Las Vegas, as chairman, delivered an oration on "Tuberculosis," covering advances made in the study of the subject during the past year.

The following papers were then read and discussed:

- Evelyn Frisbee, Wagon Mound, subject: "Education in Relation to the Treatment of Tuberculosis." Discussed by Drs. C. W. Taylor-Goodman, Margaret Cartwright.
- S. G. Sewell, Albuquerque, subject: "The Therapeutic Value of Altitude in Tuberculosis." Discussed by Drs. Fest, C. A. Frank.
- J. W. Colbert, Albuquerque, subject: "Pulmonary Tuberculosis in Children." Discussed by Drs. J. R. Gilbert, W. R. Lovelace.
- Leroy S. Peters, Silver City, subject: "Some Observations on Diet in Tuberculosis." Discussed by Drs. Lovelace, Prentiss and Colbert.
- S. L. Burton, Albuquerque, subject: "Public Control of Tuberculosis and Other Contagious and Infectious Diseases." Discussed by Drs. W. R. Tipton, G. W. Harrison, F. de la Vergne.

The meeting then adjourned until one o'clock p. m.

Saturday Afternoon, October 1st.

Devoted to Section on Specialties, under the leadership of Dr. Clifford S. Losey, chairman, E. Las Vegas. The program was as follows:

M. Friedman, Carlsbad, subject: "The Internal Ear in the Light of Recent Investigations."

- Discussed by Drs. Frank E. Tull and F. C. Bakes.
- C. D. Otrosen, Willard, subject: "Obstetrics." Discussed by Drs. J. S. Easterday, S. D. Swope, F. de la Vergne.
- C.S. Losey, E. Las Vegas, subject: "Report of a Case of Syphiloma Simulating Abscess of the Brain of Octic Origin." Discussed by Drs. F. C. Bakes, M. Friedman.
- S. A. Milliken, Silver City, subject: "The Skin in Health and Disease." Discussed by Drs. G. W. Harrison, C. A. Frank, C. W. Taylor-Goodman.
- Dr. J. W. Elder, the retiring president, then took the chair, and the secretary was called upon for the minutes of the House of Delegates. It was moved, supported and carried that the minutes be adopted as read.

Dr. S. D. Swope, for the committee, then read the following:

"The House of Delegates, after hearing the report of Dr. Fest, editor of the New Mexico Medical Journal, accept the same and order it filed. They further wish to commend the editor for his able work upon the Journal and commend his actions in elevating the scientific standard of the mouth piece of the profession of New Mexico."

[Signed] S. D. SWOPE, W. R. TIPTON, J. A. MASSIE,

Committee.

It was moved, supported and carried that this report be adopted.

It was moved, supported and carried that a vote of thanks be tendered Drs. E. C. Prentiss, El Paso, B. F. Stevens, El Paso, John W. Flynn, Prescott, James Vance, El Paso, and that the three first named be made honorary members of this society. (Dr. Vance already being an honorary member.)

Dr. James H. Wroth, Albuquerque, then offered the following resolution:

Resolved, That the officers of the New Mexico Medical Society be directed to employ a competent stenographer at all future meetings and that the record of all papers and discussions shall, after being edited to avoid repitition, be published in the Journal; and that all secretaries of County Societies be requested to furnish the reports of county meetings, the same to be published in the Journal. Being put to a vote, this resolutions was adopted.

It was moved, supported and carried that this society adopt measures such as prevail in the city of Albuquerque for the prevention of the spread of contagious and infectious diseases, that a "Tuberculosis Catechism and Primer for School Children," published by the Department of Health of the City of New York, be adopted and that same be recommended to all County Societies for distribution.

Dr. James H. Wroth, then gave notice of an amendment to Art. 9, of the constitution, as follows: "Amend Article 9 of the constitution to read, 'No person shall be chosen to an elective office who has not been 'a resident of and practiced his profession in the Territory of New Mexico for five years prior to his election."

Dr. Elder then introduced the incoming President, Dr. F. T. B. Fest, E. Las Vegas, who addressed the society and thanked all present for their support, and promised to make the ensuing year a record breaker for the society.

The Twenty-Ninth Annual Meeting of the New Mexico Medical Society, then adjourned to meet at Las Vegas, in the fall of 1911.

G. S. McLANDRESS,

Secretary.

RESOLUTIONS.

WHEREAS, The profession of New Mexico and the New Mexico Medical Society have sustained an irreparable loss in the deaths of Dr. G. H. Bacon, former y of Carthage, and Dr. E. C. Thorne, formerly of Hagerman,

Therefore Be It Resolved, That the New Mexico Medical Society in session assembled do hereby offer their sympathy and condolence to the bereaved wives and relatives of the deceased members.

That a copy of these resolutions be spread upon the Minutes of the New-Mexico Medical Society and a copy sent to the families of the deceased.

[Signed]

S. D. SWOPE,

J. A. MASSIE,

L. L. CAHILL.

WHEREAS, The New Mexico Medical Society is indebted to the Bernalillo County Medical Society, the Elks' Lodge, the Commercial Club, and the City of Albuquerque for the most excellent entertainment they have been enabled to enjoy during the Twenty-ninth Annual Meeting of the New Mexico Medical Society,

Therefore, Be It Resolved, That the thanks of the Society are hereby extended to these various organizations for this most excellent entertainment they have enjoyed.

That a copy of these resolutions be spread upon the Minutes of the Society and a copy sent to the various organizations. [Signed] S. D. SWOPE,

J. A. MASSIE,

L. L. CAHILL.

The House of Delegates after hearing the report of Dr. Fest, editor of the New Mexico Medical Journal, accepted the same and ordered it filed.

They further wish to commend the editor for his able work upon the Journal and commend his actions in elevating the scientific standard of the mouthpiece of the profession of New Mexico.

[Signed] S. D. SWOPE,

J. A. MASSIE,

L. L. CAHILL.

SECRETARY'S REPORT.

To the President and Members of the House of Delegates of the New Mexico Medical Society:—

Gentlemen-

In compliance of the requirements, your Secretary begs leave to submit the following report:

Up to the date of this meeting, the membership list of the Society stands as follows:

Bernalillo County	Medical	Society		38
Las Vegas	6.6	66		16
Chaves County	6.6	6.6		17
Grant County	66	6.6		12
Dona Ana Count	y ''	6.6		8
Luna County	6.6	6.6		5
Otero County	6.6	6.6		9
Quay County	6.6	6.6		13
Eddy County	6.6	66		9
Torrance County	6.6	66		9
Colfax County	66	6.6		9
Santa Fe County	6.6	66		7
Curry County	6.6	6.6		19
Roosevelt County	. 66	66		6
Outside members				10
			_	

One new County Medical Society was organized during the past year, viz: Roosevelt county with six members, Dr. J. F. Garmany, Portales, President, and Dr. H. F. Vendever, Elida, Secretary.

Efforts have been made to organize Valencia and San Juan counties, both having a sufficient number of practitioners to form good live socteties, and it is possible that during the next year we will be able to add them to our list.

According to the latest reports there are some 367 physicians in New Mexico, and the secretaries of the County Societies, aided by each and all of us, should exert every effort to interest the outsiders in our work and enroll them as members.

The year has been without unusual incident, the Society moving along with no calamity within our ranks and the general condition excellent.

The legitimate and ethical practice of our profession is always of the first concern among our members and our Territory is almost devoid of charlatans and quacks.

The card index is kept up to date as nearly as possible.

It becomes my duty to report the deaths of Drs. G. H. Bacon of San Antonio, and E. C. Thorne of Hagerman, as having occurred since our last meeting.

Respectfully submitted
G. S. McLANDRESS,
Secretary.

MINUTES OF A MEETING OF THE COUNCIL OF THE NEW MEXICO MEDICAL ASSOCIATION

Held in Belen, Valencia County, New Mexico, on Saturday, November 5th, A. D 1910, as per call of the President of the New Mexico Medical Society. Dr. F. T. B. Fest.

The meeting was called to order at 10:30 a m., in room No. 2 of Hotel Belen by President F. T. B. Fest with Councillors Joyner, Tipton and Swope and Secretary R. E. Mc-Bride, present.

The first order of business was the election of a chairman and on nomination duly seconded and carried Dr. W. R. Tipton, the senior member of the Council was made chairman for the ensuing year. The secretary being present no clerk was elected.

After discussion it was moved by Dr. W. T. Joyner and seconded by S. D. Swope, and unanimously carried that the actions of the Council at the Roswell meeting be approved but that the amendment to Chapter VI of the By-Laws sections I and 4 as passed by the House of Delegates at the Roswell meeting is in conflict with Article VI of the Constitution and is therefore irregular.

This motion referred to that amendment relative to the voting privileges of the president and secretary of the Council.

The next matter under consideration was the editorship of the Journal. Before going into a discussion of this matter Dr. Fest asked that the Council pass on his ruling of October 11th, A. D. 1910 relative to the matter of the election of an editor for the Journal by the House of Delegates and the publication of the Journal. This ruling was as follows:

"That the editorial affairs of our official organ remain in statu quo until such time that the Council may have an opportunity to organize and make use of its prerogatives, i. e. the Journal remain entered in the post office of East Las Vegas and the place of publication the same."

On motion of Dr. W. T. Joyner, seconded by S. D. Swope the ruling of the president was sustained by the entire vote of the Council.

The Council then proceeded to a thorough discussion of the Journal and its affairs. This discussion lasted for several hours during which time every phase of the matter was gone into thoroughly and discussed with a view to determining the best course to pursue for the interest of the Society only. At the end of this discussion the following motions were then acted upon.

It was moved by Dr. W. T. Joyner that all papers, proceedings and reports and other documents now in the hands of the former secretary be immediately turned over to the present secretary in compliance with Chapter 10, sec tion 2 of the By Laws. This motion was seconded by Dr. S. D. Swope and carried.

Dr. S. D. Swope then moved that all of the property, effects etc., pertaining to the Journal be turned over to the Council and deposited in the hands of the Chairman, Dr. W. R. Tipton. I his motion was seconded by Dr. Joyner and carried.

It was now moved by Dr. S. D. Swope: "That the Council, for the peace and prosperity of the Medical Society of the Territory do edit the Journal themselves." This motion was seconded by Dr. W. T. Joyner and carried unanimously.

It was then moved by Dr. W. T. Joyner and seconded by Dr. S. D. Swope that the secretary be made the managing editor of the Journal. This motion on being put to a vote was carried unanimously.

At this time the bill of the Albuquerque Morning Journal for a balance due on account last year was taken up and discussed together with the letter accompanying the bill as forwarded to the secretary by the retiring president Dr. J. W. Elder. Dr. Fest explained that this bill had been audited and its payment authorized at the Albuquerque meeting of the Council and that that should settle it. After further discussion it was moved by Dr. S. D. Swope that the following resolution be passed:

RESOLVED. That the statement of the late president contained in a letter to the sec retary of the New Mexico Medical Society referring to "a further raid upon the treasury of the Society" is unjust and we condemn it as such.

The motion to pass being seconded by Dr. Joyner the resolution was carried by the unanimous vote of the Council.

At this time Dr. R. E. McBride, the secretary, stated to the Board that he did not wish to be placed in a false position in regard to the secretaryship and the managing-editorship of the Journal and therefore offered his resignation as secretary. On motion of Dr. W. T. Joyner, seconded by Dr. S. D. Swope, the resignation was not accepted.

In the matter of the assistant editors of the Journal it was decided on motion of Dr. W. T. Joyner, seconded by Dr. S. D. Swope, that the secretaries of all the county societies be made the assistant editors of the journal.

It was then decided upon motion of Dr. W. T. Joyner, supported by Dr. S. D. Swope that all proceedings of the Council and special meetings be published in the journal.

Dr. Joyner then moved that One (\$1) dollar of each membership fee be transferred from the general fund of the Society to the Journal as payment for the subscription of each member to the Journal. This motion was duly seconded by Dr. S. D. Swope and carried unanimously.

A discussion on some points of ethics was then indulged in after which Dr. S. D. Swope

for publication of the Journal for a part of the That it is the sense of this Council that it is unethical to give anaesthetics for a disreputable or unprofessional person or practioner. This motion was seconded by Dr. Joyner and carried unanimously.

> Dr. S. D. Swope then offered the following resolution and moved its passage:

> RESOLVED. That it is the sense of this Council that it is unethical for a member of the medical profession to act upon the Board of Optometry, the Board of Osteopathy or any other irregular board. The motion to pass being seconded by Dr. W. T. lovner was carried unanimously.

> In the matter of the councillor districts it was agreed after discussion that for the present the councillor districts would be as follows:

> Dr. S. D. Swope to have the counties of Doña Ana, Luna, Grant, Sierra, Socorro, Valencia and Bernalillo.

> Dr. W. T. Joyner to have the counties of Eddy, Chavez, Otero, Lincoln, Roosevelt, Torrance, Quay, Curry and Guadalupe.

> Dr. W. R. Tipton to have the counties of San Juan, Rio Arriba, Taos, Colfax, Union, Mora, San Miguel, Santa Fe and McKinley.

> Dr. W. 1. Joyner then made application in the name of The Pecos Valley Medical Society for a charter as a district society composed of the counties of Eddy, Chavez, Lincoln, Roosevelt and Curry with Dr. C. M. Yater of Roswell as president and Dr. A. L. Dillon of Clovis as secretary.

> On motion of Dr. Swope, seconded by Dr. Joyner the request was granted and the issuance of the Charter authorized, the constitution and By Laws having been approved.

> President Fest then announced the names of the committee on Public Policy and Legislation and asked for the confirmation or approval of the list by the Council. On motion of Dr. S. D. Swope, seconded by Dr. W. T. Joyner, the Council approved the list which is as follows:

Dr. E. B. Shaw, Chairman East Las Vegas

Dr. T. B. Hart,Raton	
Dr. J. A. Massie, Santa Fe	D
Dr. J. H. Wroth, Albuquerque	mem
Dr. T. C. Sexton, Las Cruces	secre
Dr. G. K. Angle, Silver City	mitte
Dr. S. G. Von Almen,	auth
Dr. R. J. Thompson, Tucumcari	This
Dr. Cowan, Carlsbad	Joyn
Dr. C. J. Amble,	
Dr. P. M. Steed, Deming	busir
Dr. Garmany,	
Dr. J. G. Holmes, Alamogordo	
The President, Ex-officio.	
The Secretary, Ex officio.	

After discussion it was moved by Dr. S. D. Swope that the expense account of each member of the Council and the president and secretary for attendance on this meeting be submitted and that the president and secretary be authorized to issue warrants for the amounts. This motion was seconded by Dr. W. T. Joyner and was carried.

The Council then, there being no further business before it, adjourned sine die.

R. E. McBRIDE,

Secretary.

PRESIDENT'S ADDRESS.---NEW MEXICO MEDICAL SOCIETY SEPTEMBER 29, 1910.

J. W. Elder, M. D.

Gentlemen:

The first organization of the physicians of New Mexico was effected in 1882 when the Las Vegas Medical Society was founded. In 1885 this was incorporated as the New Mexico Medical Society. The meetings of the Las Vegas Society were held monthly, and in addition annual meetings were held. These were in Las Vegas until 1892. The Bernalillo County Medical Society was organized in 1891. Unfortunately its records for the first years have been lost. In 1892 the annual meeting was held in Albuquerque and since that time at various places in the territory.

The first meeting of the Las Vegas Society was called on December 31st, 1881 at the office of Doctor Skipwith for the purpose of organization and upon a motion of Dr. Henriquez, Dr. Shout was elected temporary chairman and a committee to draft a constitution and outline a fee bill was appointed. This committee consisted of Doctors Skipwith, Gordon, Henriquez, Page and Robbins. meeting held the following week the constitution was adopted and the Society was launched. They adopted the code of ethics recommended by the American Medical Association. following were the officers elected: President, Dr. J. H. Shout; Vice-President, Dr. Skipwith: Secretary, Dr. Peebles; Treasurer, Dr. Henriquez; Librarian, Dr. Seberson. The meetings for some little time were held at the office of Don Andres Dold. The fee bill adopted is interesting, among the items were the following: Ordinary office consultation \$2.00

Visits single 3.00 to 5.00

Day visits in regular attendance 2.50 to 5.00

Night visits in regular attendance 5.00 to 10.00

Visits in contagious diseases 5.00 to 10.00

Simple obstetrical cases \$25.00 to \$50.00 The last item is embalming

the dead \$50.00 to \$100.00

Along with this is the following resolution: "This Society condemns as unprofessional the attendance upon families, individuals, or societies by annual contract."

In looking over the minutes we find that they mixed the social and intellectual at these meetings as in the minutes of the meeting of December 1st, 1883 we found that Doctor Bailey presented an essay on "Plaster of Paris in Fractures," and that after some discussion they moved "to adjourn to the residence of Doctor Ashley, Secretary, to finish the discussion over a dish of oysters."

From the Las Vegas Medical Society, whose organization was local, with 14 members in the city of Las Vegas, there has been a continuous, healthy, uninterrupted growth up to the present time, and now at this, the Twenty-ninth Annual Meeting we find a Society of 200 members divided among the fourteen component societies. Of the twentyfive counties in New Mexico fourteen are organized. By the re-organization of the Council, which is contemplated at this meeting, the number of Councillors being increased to seven, and each with a specified district under his supervision, it is expected that the remaining counties will be organized, or where this is impracticable, that all the men eligible in such counties will be affiliated with neighboring societies.

bill adopted is re the following:
\$2.00
3.00 to 5.00
2.50 to 5.00
5.00 to 10.00
5.00 to 10.00
and force, men fitted to deal with the conditions

of pioneer days, and this applies not only to ber of the cabinet. The opposition with which those who were active in the early times, but also to those in the transition from the pioneer to the fully organized conditions. should be done while we still have with us those whose acquaintance and knowledge extends back to early days and who have themselves been important factors in the development and growth of New Mexico. This is the time for the appointment of an energetic committee to collect all information possible, which can later be edited and published. I believe it would be fitting that the Society make an appropriation for the expenses of such a work.

In 1882 coincident with the organization of the first medical society the first medical law was passed in the Territory. That law in brief is that the Governor of New Mexico shall appoint seven reputable physicians to constitute a New Mexico Board of Health and Medical Examiners. The said Board shall, upon the production of evidence satisfactory to it, license without examination any reputable physician who is a graduate of a Medical College in good standing and which has a standard as high as that required by the Association of American Medical Colleges. This law is the basis of our present law which has passed through a course of evolution regarding the details of examination, qualifications, etc.

Since that time the Territorial Legislature has passed laws creating a Board of Osteopathy, Board of Dental Examiners, Board of Pharmacy and also a Board of Optometry.

Such in brief is the work which has been accomplished in the past. The certainty of continued progress seems assured. For one thing, the Committee on Education of the A. M. A. is doing effective work in raising the standard of medical education in the United States, the result of which must be the raising of the standard all along the line. Another is the Bill introduced in Congress by Senator Owen for the creation of a department of Public Health under the supervision of a Secretary of Public Health who would be a mem-

this bill is meeting from the various associations of patent and proprietary medicine manufacturers, &c., &c., is a strong argument for its establishment. While there is the certainty of continued progress there is a condition to which we must pay attention. A wave of what is called "insurgency" is spreading over the country and with it a demand for popular government in some form. Whether this demand will be for less and less restrictions and finally result in the overthrow of our present republican form of government, evoluting through democracy, socialism, &c., or whether it will end in the purification of our present form is a question which no man can answer. Nor is it a question for discussion here, but the fact is, that this wave exists, and that as various features are adopted we must accept them and adapt ourselves to them. Government according to the will of the people and by the will of the people exercised direct is a beautiful theory. It is a beautiful rose but it has some very nasty jaggers.

Freak legislation has put in its appearance. In the New York Medical Journal for July 9th, 1910, is an article by Dr. S. A. Knopf of New York which was read before the National Association for the study and prevention of tuberculosis at Washington in May 1910, in which he writes of a law passed in Nebraska which provides, that indigent persons suffering from tuberculosis can be admitted, under certain conditions, at public expense to hospitals which have complied with certain requirements. The last paragraph reads: "Provided, further, that it is made obligatory for any such hospital or sanitarium to use the modern treatment by immunization (vaccine therapy) in addition to open air and other sanitary methods."

Dr. Knopf addressed letters to thirty-six men prominent in the profession asking them their opinion concerning such an act. All of the thirty-six were emphatic in their condemnation. I will quote only a few of the thirty-six which included such men as Dr. Osler, Wm. H. Welch, Anders, Bonney, Solis Cohen, Thayer, Victor C. Vaughn, W. J. Barlow, Frank Billings, John H. Musser, Surgeon-General George M. Sternberg.

Dr. Jacobi says: "The plan to force a treatment which is not generally approved—far from it—is inconsiderate; and as the patients are poor and helpless, inhumane. The belief or opinion of an individual practitioner who happens to be influential with legislators should not weigh against established knowledge and common sense."

Professor Janeway answered with a decided, "No."

Professor Osler of Oxford answered emphatically, "No," adding, "I am glad you are doing something in this matter. It is an outrage to ask people to subscribe to such nonsense."

The other matter taken up by Dr. Knopf was the action of the Oklahoma Board of Medical Examiners who refuse to grant licenses to physicians who are afflicted with tuberculosis. The applicant being required to sign and submit the following affidavit:

"I further state that I am not now suffering with tuberculosis in any form; that I have not in the last three years lived in the house with, or nursed any one suffering from said disease. That I have not opened an office or began practice in the State of Oklahoma, and will not do so until I have received the proper authority from the State Board of Medical Examiners."

Letters addressed to the physicians brought unanimous condemnation.

Dr. Jacobi writes: "The stipulations contained in the Oklahoma arrangement are simply ludicrous. They are the outcome of gross ignorance."

Dr. Janeway: "I think that it is a very oppressive measure, and one not either humane nor just."

Dr. Osler ends by saying, "The tuberculous affidavit is absurd."

Dr. Bonney: "As in the Nebraska matter you cannot be too emphatic in denouncing such legislation."

Dr. Solis Cohen: "The Oklahoma ruling has no scientific basis. The affidavit is neither necessary or just. It is not founded on knowledge, but on ignorance,—not on wise caution, but on senseless fear."

Dr. William S. Thayer: "I can see no earthly ground for the exclusion of such practitioners; many of the greatest advances in the study of tuberculosis have been done by tuberculous individuals. No one is able to illustrate the necessary means of precaution as he who has been obliged to learn for himself. Think of the lives Trudeau has saved. With regard to the affidavit you have enclosed, I can only say that I know of no human being who could be justified under any circumstances in subscribing to either. It would be stupid to pretend for a minute that any one could say with certainty that he himself, or any other individual, is free from tuberculosis."

The letters from the others were in similar strain.

The Association after listening to Dr. Knopf's paper unanimously passed the following resolutions:

Referring to the Oklahoma law:

"WHEREAS, The Board of Medical Examiners of the State of Oklahoma refuses to grant licenses to physicians afflicted with tuberculosis; and

WHEREAS, All applicants for such a license must subscribe and swear to a so-called tuberculosis affidavit in which they must not only declare that they are not suffering with tuberculosis in any form but also swear that they have not, within the last three years, lived in the house with or nursed any one suffering from said disease; and

WHEREAS, In the opinion of the members of this association such action of the State Board of Medical Examiners of Oklahoma is not based on sound scientific or economic consideration; and

WHEREAS, It is the conviction of the members of this association that neither the

careful tuberculous physician nor the well trained tuberculous patient pursuing his occupation should be considered a menace to society. Be it therefore

RESOLVED, That this association deplores the action of the State Board of Medical Examiners of Oklahoma as unjustifiable and prejudicial to the best interests of the community: and

RESOLVED, That the executive secretary transmit a copy of these resolutions to the president and secretary of the Oklahoma State Board of Medical Examiners and to the Governor of that State'

Referring to the Nebraska law:

"WHEREAS, That State of Nebraska has recently passed a law making it obligatory for hospitals and sanitoria receiving tuberculous patients supported by the public to use treatment by immunization (vaccine therapy); and

WHEREAS, In the opinion of the members of this association the present state of knowledge of specific immunization and vaccine therapy in tuberculosis does not justify any State in enacting such legislation; therefore

RESOLVED, That the National Association for the Study and Prevention of Tuberculosis deplores the above named act of the State Legislature of Nebraska as most unwise, and wholly unjustifiable. Be it further

RESOLVED, That the executive secretary of the association transmit a copy of these resolutions to the Governor of the State of Nebraska and the speakers of the senate and the house of representatives of that State.'

What I wish to emphasize in bringing this article to your attention is the necessity for care in the selection of our Committee on Public Policy and Legislation. It will be an important committee, if not the most important committee, forwarded a copy of this law to Dr. Knopf.

during the coming years as we are passing from a territory into statehood. Uncertainty as to what measures may be incorporated into the Constitution or enacted by the legislature or by the people, under the initiative and referendum, necessitates that that committee be composed of level headed and conscientious men; men to work that there may be no freak legislation; men to be on guard that all the progress which has been made in the past in securing enactments for the mutual good of physican and patient-for the interests of doctor and patient are mutual—and in raising the standard of the profession, may not be overthrown in one day by a popular election at which there may be enacted some measure throwing the doors wide open to quackery.

After writing the above I was very much surprised to find that the shoe which was handed to Oklahoma will have to be accepted by New Mexico. The teachers in our public schools before entering upon their work this fall were required to hand in a certificate that they were free from tuberculous disease. The final clause of this certificate to be signed by a Doctor was, "I further certify that I am not afflicted with the said disease." I looked up the matter and found that the Board of Education had resurrected a law duly passed by the legislature of New Mexico in 1901 and amended in 1903. One paragraph of the law is—that the certificates of freedom from tuberculosis may be signed by "Any reputable physician who is a resident of New Mexico and who is not himself afflicted with the disease."

In conclusion I may say that I have not

ORATION IN MEDICINE

Delivered at the Twenty-Ninth Annual Meeting of the New Mexico Medical Society, Albuquerque, New Mexico, September 30th, 1910. R. F., McBride, M. D., Las Cruces, N. M.

Ladies and gentlemen:

When the president of this society notified me of my appointment as chairman of this section I assumed that I would be expected to make a few remarks but I note, with some surprise, that I am down for an Oration. Now what I have to say is in no sense an oration but I do desire to take advantage of this opportunity to call you attention, at this important time in the affairs of our Territory, to some of the needs of the profession in the matter of better laws for the protection of the health and physical safety of the people among whom we live and practice.

MEDICAL PRACTICE ACT.

The most important of these safeguards. it appears to me, is a wise and just medical practice act. Unfortunately our law is deficient in many respects and there should be some definite plan outlined by this society at this meeting looking to the regulation of practice in the Territory and there is no better way than the preparation of a medical practice act along the lines of recent opinions of men who have made this feature of practice a study. Once such a law is on our statute books I believe that there can be little doubt that the profession—the legitimate, ethical profession—will see that it is enforced to the letter.

BOARD OF MEDICAL EXAMINERS.

Along with the medical practice act there should be legislation which will give to the profession, as represented by the New Mexico even suggest an appointment as a body for, I no side issues to detract from his usefulness.

am reliably informed, it is in violation of the organic act under which this Territory operates, inasmuch as that act rests the appointive power in the Governor. I believe that some law could be passed after we obtain statehood that would permit this organization to prepare a list of eligibles to present to the Governor and from which list the Board of Medical Examiners should be selected. This is done in some states and I believe that we should see that a clause be inserted in the proposed constitution of the new state, should this be necessary, that would permit the Medical Society to furnish this list.

BOARD OF HEALTH.

I have long been of the opinion that the Board of Health should be separate from the Board of Medical Examiners and it appears to me that this is a proper time in which to agitate this subject. There is no asset of any community or country so valuable as the health of its people, but unfortunately legislators are slow to realize this and it is the duty of the medical profession to take steps that will lead to their enlightment. I believe that there should be a strong law and one that could be enforced. I want to see a law that will give the power to quarantine a case of contagious or infectious disease, say small pox, and that will back me up in the act. I want to see health officers empowered to carry out the provisions of that law and I want to see a law that will make it the duty of the officers to help the health officer carry out that law. I believe that the law should carry a provision for a state health officer, paid Medical Society, some voice in the selection of from the funds of the Territory, and one who the Board of Medical Examiners. Under the is skilled in sanitation and who does nothing law as it now stands we are not permitted to else but carry out the provisions of the law with

want to see a law that will make it the bounden duty of the health officer to take the same precaution against the spread of disease in the extreme and remote mountainous districts as he does, or should do, in the thickly settled and more populous districts of the Territory. is the time, in my humble opinion, to obtain a favorable impression and we should act. It should be the business of this meeting to see to it that the proper committee is appointed to provide a draft of such a law and, having provided, present it at the proper time with the demand—not the request—that it be made the law of the state.

TUBERCULOSIS.

which there is none better, where the tubercular subject, if he comes in time, may find again health and strength and be saved to be a useful citizen and member of society, there is every reason why we, as medical men, should insist that such laws as are necessary for the protection of the inhabitants be passed and enforced. Within the past year there have come to my knowledge no less than twenty-five cases of tuberculosis among natives, developed in their own homes, never too sanitary and often dark and strangers to sunshine, as a direct result of contact with tubercular invalids or their filthy belongings. There should be a strict enforcement of a notification act which should carry with it a penalty for its violation. I do not believe that we should deny the privilege of a residence among us to those afflicted with tuberculosis (I am deeply grateful for the health that New Mexico has restored to me and to mine), but I do believe that in return for the gift of renewed health, the tubercular invalid should be willing to submit to wise and humane regulation in order to protect others-mayhap his own. I do not mention the destruction of sputum and the other necessary precautions for they are all well known to you but they, too, should be a part of the act.

VENEREAL DISEASE.

It is impossible, in the short time that I have allowed myselt to do more than touch the tops of these subjects but before closing I desire to call your attention emphatically to a condition that, to me, is fraught with danger. I refer to the venereal plague and its attendant consequences. All over this broad land there are societies which are doing their best to stamp out this evil and I commend them for it, but I submit that there is much lost and wasted energy in their efforts. Too much attention is paid to the effort to reform or reclaim the prostitute and too little to the instruction of the young men and women of our nation as to the evil consequences of a violation of that com-Situated as we are, in a climate, than mandment which teaches that "Thou shalt not commit adultery." We had best realize now that the prostitute cannot be reformed save in a few isolated cases. Their habits are too well formed and they are too deeply steeped in their business to admit of reclaiming but we should remember that for every one of them now trading on the manhood of our youth there is a little girl, somewhere, still in the doll stage waiting to take the place and business of some one of them. These are the ones to save. There is the beginning. Teach these little ones, when they reach the proper age, what life means. Tell them the great truths of life. Teach them that they are expected to keep their little bodies, as well as their soul, pure. holy and undefiled. Tell them what reproduction means and what is expected of them along that line. There is nothing harmful in this if handled by a conscientious person—a good mother or a wise and careful father. Let us put away mock modesty-false modesty, if you please-and get us about our proper business. And the boys, what of them? Is there. in these enlightened days, a repectable man or self respecting woman who will advocate two standards of morality? Should we not teach these little fellows what certain organs are for and explain the dangers and pitfalls that await

them as they journey through youth toward of them my own. What have we to offer them manhood? If we do not do it there is sure to come to them on the street corners or in out of the way places some distorted and vulgar presentation of one of the greatest truths of life and their little minds will be diverted into a vulgar path. Is it better to have them learn these things from a father or a teacher or is it better to let them gather such knowledge as they can from their companions—infants in wisdom—on the street corners or while forming bad habits? These young boys and girls are the hope of the future and is there a medical man or woman within the sound of my voice who will deny that the habits formed by perverted youth are not responsible for more than their share of the misery and suffering and illness that follows many a marriage to-day. The young boys growing up in our midst will, in time, lead to the holy altar some one of the little ladies who are being kept in ignorance of what marriage means. How many of them, I ask in all seriousness, under our present system, will be as pure, as holy and as undefiled as they expect the girl of their choice to be? Within the past two weeks I have been in attendance "I have fought a good fight, I have kept the upon the birth of three little girls babies—one FAITH."

under our present system? No my friends, we cannot afford to neglect this great question. Let us look it squarely in the face and determine to have done with it for all time in-so-far as in our power lies. We have a great duty to perform a duty which we have neglected and I believe the time is upon us when we cannot afford to longer pass it by.

In the still watches of the nights when thinking on these great questions, I often recall the words of the apostle Paul to his beloved Timothy: "I have fought a good fight, I have run the race, I have kept the faith," and it comes to me that this old man wrote these words from a prison cell realizing that his life's work was done. Persecuted, stoned, having suffered all kinds of penls through his stormy life he could still look eternity in the face with the firm conviction that he had "kept the faith." I wonder how many of us, when life's work be done, will be able to stand on the brink of the unknown and as calmly turn our thoughts to things that we know not of and say as did this old apostle:

REPORT OF A CASE OF MITRAL REGURGITATION.

J. R. GILBERT, M. D., Alamogordo, N. M.

Read in the Section on Practice at the Twenty-Ninth Annual Meeting of the New Mexico Medical Society, Albuquerque, N. M., September 29, 30, and October 1, 1910.

In looking up authorities on congenital heart affectation, I find they are by far the most common on the right side of the heart, and in the septum and especially interauricular. Failure to close of the foramen ovale is a rather common occurrence, and, sometimes continues thro out life with little or no bad effect on the general system.

This case seems of especial interest to me, as it is the only one I have ever seen. I presented this case before the Otero County Medical Society, and after careful examination by every member, all agreed it was Mitral Regurgitation. So I feel that the diagnosis is reasonably certain.

This female child was born two years ago to-day (September 31th) and I attended the mother at the birth. It was a normal labor and was without unusual incident. The baby appeared normal except a little blue, no particu lar attention was paid to this until I was called in about two and one-half months later for an indigestion, when I examined the heart and found a very loud mitral murmur which has continued to this day. The cyanosis became worse during this first attack of indigestion and has never improved since. The child has had attacks of indigestion and an attack of bronchitis and at these times it looked as tho' death would be inevitable.

In looking up authorities on congenital affectation, I find they are by far the common on the right side of the heart, n the septum and especially interauricular.

Now the child presents a cyanotic appearance, with a well developed head, and an abnormally large chest and very large abdomen, with liver extending three inches below the margin of the ribs

The lower extremities are very small and poorly developed and the child is not able to walk. The fingers and toes are clubbed. The showing of large veins is very marked.

The neck is very short, chin appears to almost hook over the sternum. It has all of its teeth except the canines, which it is now cutting, and is having an attack of indigestion, causing several fainting spells wirh slight convulsions each day. I was very anxious to bring this case before this Association, but its condition at the present time would not permit. If it lives I may some day be able to bring it before you for your examination.

The probable etioligy was an Endocarditis occurring in utero about the fourth month of gestation, as the mother, at that time, had an attack of bronding and attack of pleurisy on the right side, lasting about four weeks. Otherwise the family history is good. The mother has four living children, It has frequent fainting

COUNTY SOCIETIES

LUNA COUNTY NOTES.

Luna County Medical Society met in the office of Dr. S. D. Swope, November 9, 1910. Present, Drs. Steed, Moir and Swope. Minutes of last meeting read and approved,

Dr. Swope reported an interesting case of enteric fever with recovery after several large haemorages, the development of hypotatic pneumonitis in both lungs, and a relapse.

The subject of appointing a common collector for the profession of Luna county was discussed at length. On motion the president of the society was instructed to make arrangements to have a competent man take charge of this work on a salary.

The secretary was instructed to write Carlsbad, Roswell and Albuquerque, asking what ordinances they have regulating the sanitation of dairies, hotels, and rooming houses.

The secretary was instructed to secure necessary information with reference to post graduate course, and arrange for the beginning of the course as soon as possible.

The following resolution was offered and adopted: It is the sense of this society that all school children should be inspected as often as every 90 days with reference to the condition of their eyes, ears, nose and throat. That the parents may call on their family physician for proper treatment.

There being no further business before the society, on motion they adjourned.

ROSWELL ITEMS.

The turnout of people to hear Dr. Mc Cormack's lecture on the night of November 2d, shows that Roswell doctors know how to "advertise" a lecture even if they do not carry the matter into their profession.

Dr. W. T. Joyner has returned from quite an extended trip to Chicago and other northern points.

The following doctors attended the meeting of the Pecos Valley Medical Association held in Clovis on Nov. 3 and 4; Drs. T. E. Presley, E. M. Fisher, W. T. Joyner and C. M. Yater.

The Pecos Valley Medical Association elected the following officers for the coming year, viz: President, Dr. C. M. Yater of Roswell; Secretary, Dr. A. L. Dillon of Clovis; Treasurer, Dr. J. G. Van Allman of Clovis; Board of Censors for three years, Dr. J. Dale Graham of Artesia. The next meeting. some time in April, 1911, will be held in Roswell.

The Chives County Medical Society is taking up the Post Graduate Course of study as gotten up by the A. M. A. We had this course last year and think it far preferable to the old plan of conducting medical societies.

Dr. J. W. Williamson is just out after quite a spell of Ervsipelas.

Dr. W. C. Buchley is home again after quite a stay in the mountains, but we don't see any deer hams floating about. "G."

A RESTFUL ABDOMINAL SUPPORT.

There is one very important thing that can be said about the Storm "Abdominal Binder" that will commend it at once to every physician and that is, it never makes a patient nervous. On the contrary it is common to have patients declare how rested and relieved they feel from wearing "Storm" Binders even though they are not conscious that they are on. So many abdominal binders, appendicitis belts, etc., keep patients constantly fretted by the sense of "being harnessed and saddled" as one bright woman described it, that it is a pleasure to recommend the "Storm" Binder with its absolute avoidance of unpleasant or "harness-like" effect. The Storm Binder is the last word in abdominal supports and the medical profession have been quick to note its superior advantages.—American Medicine.

DR McCORMACK IN DONA ANA COUNTY.

Cruces, and Dona Ana county, marks an important epoch in the events of our profession here; and should mark an equally important one in that of the hygienic progress in our community. It is seldom that a man of the influence in the profession. It is a most unfortunate conand prominence of Dr. McCormack, and representing such high ideals and purposes vistts our societies, or addressss our laity. It is not merely a treat to hear the doctor's addresses, but it becomes a necessity, in this era of education and enlightenment, for all who can to hear him. His words and thoughts are laden with the fruits of a rare and long experience, and the faithful study of science. He has reaped this experience by working in the field with the profession in an effort to study the cause of their unfortunate attitudes one to another in the pursuit of their work. He has gleaned knowledge that it is impossible to get in a narrowed field of work. As a result of his studies and associations throughout the American field, he is enabled to tell each offender and complainant authoritatively where the fault lies, and how it is to be corrected. Not only that, but he has visited the foreign fields, and there studied conditions as they there existed, and with his comprehensive knowledge of the comparative conditions, he can better point out the good things to be introduced into our younger ex periences. Younger in years of actual existence as a profession in America.

It was first shown that the inception of the unkindly, and at times venomous rivalry, was in the professors of the Medical colleges. These weaknesses had their outbreaks in the lecture halls, and operating amphitheratres. Looking upon these men as leaders and teachers, the rather with common reception room; common students readily acquired these habits, which collector, and in every way work just as closely made a lasting impression on their formative together as possible. In this way confidence

The visit of Dr. J. N. McCormack to Las minds. Naturally it would in turn, show in the professional lives of these doctors. Supplementing this prior inculcation; the fact that the doctors work in a state of isolation, one to another, has a great influence in perpetuating this feeling dition, but one that the doctor claims is not on the increase, but on the contrary the feeling is regressing each year.

> It was shown by the doctor, that it is this feeling of ill trust in the attainments of the brother practitioner; the lack of good will and confidence in each other; the business and professional relations of the men in a community; that was the direct cause of the lack of important legislation in our State and National Legislatures. The legislators declare that if we cannot trust one another, and have so little respect for each other, it is not surprising that the public cannot have respect for us, nor trust us with legislative matters, or of executing the laws to be framed.

> As a remedy for these evils, the doctor has suggested the post-graduate work to be taken up in the societies. This brings the men closer together in study and association, which alone will greatly reduce the inclination to be disagreeable. After the study period, have a luncheon and a short social session. Secondly, he recommended specializing, and the men in a town to work together as far as possible. To take each others work during vacation or post-graduate seasons, and carry on the work of the absent practitioner, and on his return to turn over to him the work and money which was collected out of his practice while he was absent. To have common offices, or

in the public will reach higher levels, and the doctors will hold a higher place in the minds of the more prominent minds, which it is our will to attain.

The doctor is a man of pleasing personality. He has a ready command of language: an entertaining as well as forceful speaker, and holds his audience absolutely in his power. He addressed the profession of Dona Ana County for more than two hours in the office of the Secretary of the Society. Every moment was instructive as well as entertaining. His audience seemed no more fatigued at the end of the address, than at its beginning.

It is believed by the writer, that the talk will have a far reaching effect on those who heard him. The marked antagonism between if it will influence one way or the other. At this community.

in each other grows, and then the confidence the next meeting of the Society, the opinion of the individual members will be heard, and no doubt preliminary steps will be taken to enlarge and broaden out the work in the Society and the profession in this County. It is hoped that every man will enter heartily into the matter, and lets go one step higher in idealizing the profession, in the public mind; in our own ranks; and advance to a higher degree of proficiency in our professional attainments.

At 7:30 in the evening, the public address was given at the Elks' Hall to a very attentive audience. The Hall was entirely filled and only standing room was available. Honorable R. L. Young presided, after introducing the doctor, the attention of the audience was held undivided for more than two hours. After the address, Rev. Mr. Moose made a few remarks, the doctor as described by Dr. McCormack followed by appropriate ones from Mr. Young, has not existed to any marked degree with the who was instructed by a popular vote, to apmen here, but still, there is room for much impoint a committee of 7 to confer with the With some it will have a tend- Dona Ana County Medical Society in a work ency to better. In others it is to be doubted of instruction and education for the people of T. C. S.

The New Mexico Medical Iournal

Volume VI

DECEMBER, 1910

No. 3

$E \cdot D \cdot I \cdot T \cdot O \cdot R \cdot I \cdot A \cdot I$

The New Mexico Medical Journal offers the compliments of the season to its subscribers, advertisers and friends. TWe hope that the New Year will be as prosperous for one and all as we wish it to be for ourselves.

We hope in the near future to become a Such a forward step in the progress of our section, will result in many Our Position changes. in the

The executive department New State contemplates great improve-

The judiciary expects changes for the ments. better. Social conditions will be materially altered by the influx of rapid imigration, and church and state will catch step with the forward march of the nation toward the future prosperity in store. We hope and trust that our beloved profession that guides and guards the welfare of a commonwealth, through the health and strength of her populace, will be in the forefront, straining every effort to make themselves worthy of the confidence reposed in them by a public so little able to judge of their ability and worth.

It is our duty to let the public know, in a manner so convincing that they may never forget, that ours is not a political profession. That in the guarding of our portals from charlatinism, we have but the one motive; the protection of the afflicted from the unscrupulous and designing. That we wish to place knowledge over ignorance, virture over vice and honor over all.

Just as a reasonable remuneration for our services is necessary to our existance, so moral support by the public, in our endeavors to have laws passed for the preservation of their health and comfort, is essential to our usefulness.

We cannot stand on the street corners and preach our doctrines, for if we did we could not remain long hours at the bedside of the suffering, and in delving in the tomes of medical lore for light to guide our professional steps.

The public must be educated to take our advice in medico political matters, as they do our pills and powders, without knowing of their contents or effects, but with an abiding faith in their potency.

The public are clamoring for clean politics and justice. We are clamoring for clean profession and fair treatment. Our interests are one, and we should in no way be divided.

No discovery in therapeutics with as farreaching importance as Ehrlich's "606," has

Another Therapeutic Triumph

been given us in recent years. The ravages of syphilis will in the course of a few years be a memory, and the nervous clinics will be greatly reduced, since this disease leaves

its victims with varied and numerous scleroses of the cerebro-spinal and peripheral nervous systems, giving these clinics a preponderance of cases. The effects of this agent is remarkable, and is hardly appreciable to the school of medicine of vesterday, or even today, to the men who have been taught, and whose experience has borne out the teaching that it required from twelve to eighteen months of continuous treatment to cure the syphilitic. In "606" we have an agent which one injection of will sterilize the primary lesion as well as the secondary one of

the treponema in the course of twelve hours. It reduces the enduration of the lesions very promptly. The crises of the nervous lesionsthe tertiary lesions—are relieved almost instantly by its use. It is impossible for the agent to repair or restore damaged and destroyed tissues, still there is an immediate arrest of further damage. Of course the remedy is yet in the experimental stage, and it will require a few vears to prove beyond a question its total efficiency. There is sufficient evidence however in the early reports that goes far to minimize much of the doubtful possibilities of this agent So granting that it does not come up to what early reports lead us to enthusiastically anticipate, the evidence that has already been recorded is of inestimable value, and even though it will be found that one or two injection will not effect a complete cure, it is surely a control and a check to the ravages of the treponema, and it can always be reapplied whenever the necessity arises. T. C. S.

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Now that New Mexico is to come into her own and her star set in the galaxy of sister states on equal footing, the Medical Legislation medical profession should for the New State insist on Medical Legisof New Mexico lation that will compare favorably with that of any of the states. The legislation should provide for one Board of Medical Examiners to be appointed by the governor of the state and chosen from a list of names submitted and recommended by the New Mexico Medical Society. Each applicant for license to practice in the state should be a graduate ot a reputable medical school and be required to pass a satisfactory examination before the Examining Board on all branches of medical science except Materia Medica and Therapeutics before a license is issued. There should be no exceptions unless, from a spirit of reciprocity, licentiates of other states where the

requirements are equal to those of New Mexico might be granted license without examination, provided such license from other states was obtained by examination before a legally constituted Board of Medical Examiners. No law should be on our statute books making exception in favor of any particular school or sect. but all applicants should be required to take the examination before the legally constituted Board of Medical Examiners on all branches of medical science except materia medica and therapeutics, each applicant given an equal chance before the Board of Examiners regardless of his method of treatment. The New Mexico Medical Society should take a firm stand in this matter and insist on a repeal of all laws now on the statute books establishing sectarian boards of examiners, such as those on Osteopathy, Optometry, etc., and that all persons offering to treat the sick or afflicted, whether in mind or body, by any means whatever, whether material or non-material, should be required to undergo the same test of fitness. The legislative committee should keep their eves open and be ready, when the time comes, to insist on medical legislation that will so regulate the practice of the healing art in New Mexico, that quacks and ignorant pretenders will be forced to "keep out," and that New Mexico will be pointed out as the state where physicians must be qualified to practice medi-Y. cine.

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In Merck's Index we read about digitoxin:

"the most active of the glycosides contained in digitalis... The
best and most worthy of
reliance tonic of the heart,
etc."

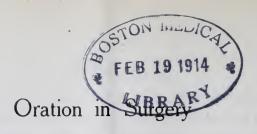
Until lately digitoxin was used only to a limited extent on account of its insolubility in such media and its unfitness therefore for intravenous use. Intravenous medication nowadays, even in America, has come to its proper recognized

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nition as the method par excellence whenever immediate action of the smallest amount of a drug is desired. Digitoxinum solubile Cloetta—known by its trade name as Digalen—is a preparation of definite titre, stable and ready for use. Contrary to other drugs. digalen can be administered in larger doses intra venam than subcutaneously or per os.

This method of application makes digalen the ideal digitalis medication in the tuberculeous even with weak heart (myocarditis and endo carditis) where often extra systole is observed. In these cases we must avoid to burden the already defaulting digestive tractus. In these patients nearly always the pneumoccous appears in the blood and digitalis meets not only a general but also a specific indication and the digitalis medication in pneumocccus infection has been universally adopted. F. T. B. F.





"SURGICAL PROGRESS IN THE PAST TEN YEARS" *

By J. W. COLBERT, Albuquerque, N. M.

The eminent French authority, Boyer, in his book entitled "Traitie des maladies chirurgi cales," published in 1814, makes the statement: "Surgery has made great progress in our day It seems to have attained the highest degree of perfection of which it is susceptible. Nearly all the surgical maladies are today perfectly known. The operative methods are fixed and described with a precision that leaves little to be desired. Our instruments and our apparatus are of the most convenient kind ... " As early as 1814before the days of anaesthesia and antisepsisit seemed that the very heights of surgical endeavor had been attained; and yet, in the white light of the progressive, scientific surgery of today, we can look forward to greater advancements in the future than are even dreamed Yesterday's experimental of at the present. surgery is today's fixed, settled problem; and today's experimental surgery will become the settled problem of tomorrow. It is indeed impossible to prophesy the limit of future surgery. New achievements are coming to us almost daily, until the profession requires an almost daily readjustment. Is there within the past generation- or since the days of Boyer-in any other department of human endeavor a record of so many basic discoveries as in surgery? Who can read the triumphs in abdominal surgery, in neurologic surgery, in the surgery of the heart and lungs, in gynecology, Modern surgery has all but without pride? won the battle against the infective lesions of the pelvic organs, of the kidney, of the gallbladder and ducts, and of the appendix; it has rescued many through cardiac, nervous and arterial suturing; it has conquered peritonitis; it

has mastered the complications of gastric ulcers and has cured hernia and goiter, removed pelvic and cranial growths, and corrected deformities. All these are serious operations, and yet in the hands of the present day masters the average immediate mortality is not more than one per cent. What were, or would have been the results of such operations at the time of the writing of Boyer? Many of these operations were then unknown, and unthought of, while those known were performed with twenty times the present mortality.

A resume of the progress of surgery during the past year can contemplate only a brief review of the numerous advances, in order not to occupy more time than should properly be allotted this paper—and I shall attempt to select only such as are manifestly remarkable and important. During the past year there has been no lack of fruitful ideas and discoveries - vet the year has not been marked by any exceptional discoveries, but rather by a marked advance along all lines, and good substantial results as a reward for the experimental work of the few preceding years. Many old established principles, originally founded on uncertain empiricism, have been carefully analized and discarded, thus establishing surgery more firmly on a scientific basis. There has been a noticeable improvement, during the past year, in the accuracy of surgical diagnosis, due to more careful and thorough analysis of the clinical course, combined with more attention to physical signs and laboratory findings before the operation, with the resulting decrease of "exploratory operations." Again, technical procedures have been simplified and so perfected that mortality in many of the grave surgical affections has been reduced to a minimum. Cautious, conservative surgery has gained ground.

Few chapters in the history of medicine tell a more marvelous story than that which relates our progress in intrathoracic surgery. number of years surgery of the thorax was at a standstill-but a new chapter has been opened, and great things are expected in the near future. The experimental work in the surgery of the lung and the heart, as well as the mediastinum, the diaphragm and the esophagus has continued to attract attention, and much has already been achieved. We owe it to the work of Sauerbruch, Friedrich, Brauer and Robinson chiefly that the thoracic cavity has been definitely opened to surgery, and today, with the opening of this new field, there is no living organ of the human body on which it is not considered safe to operate. Since the invention of cabinets for positive and negative atmospheric pressure, and for producing differential pressure we can open the thoracic cavity with impunity; we can explore the lung surface, suture stab and shot wounds; extract from the bronchi foreign bodies, excise a portion of the lung, and amputate one or more of its lobes, and as soon as we can employ asepsis as in exploratory laperatomy the procedure will come into universal use, even as exploratory operations are performed for abdominal disease, after all other means of diagnosis have been employed; and we have every reason to believe that exterpation of one or more pulmonary lobes, other more conservative methods having failed, will become the operation of choice in the presence of new growths, or of serious destruction of lung tissue by chronic inflammatory processes. After summing up the work of the past year and the conclusions drawn from experimental research, we must recognize operating under negative or positive atmospheric pressure as a fundamental principle in intrathoracic surgery, and consider the thoracic cavity opened to surgery in a safe way.

The modified negative and positive pneumatic cabinet invented by Willy Meyer during the past year marks a definite advance in pulmonary surgery. This cabinet, unlike all others, enables the surgeon to study the behavior of one and the same animal during one and the same operation, under both kinds of differential pressure, under a change from one to the other, and also under a change of the altitude above sea level.

The surgery of the heart has been considerably enriched during the past year by important contributions concerning the indications for operative interference. Especially in injuries of the heart with left-sided pneumothorax, there has been an essential advance in the recognition of the cardiac injury, by the rapid control of the pneumothorax through the differential pressure method. Summing up the recent experiences of cardiac and mediastinal surgery we can say that by acting promptly, under strict asepsis, with the aid of the modern technical devices, we may anticipate further results which far exceed the limit of what has been accomplished in the past.

Carrel, of New York, has done some extraordinary experimental work on the aorta during the past year. He has divided it at different levels, interrupting the blood current long enough to sew the ends together, has incised, and even cut away portions of the aorta. This experimental work, while done on animals, will lead to great advances to surgery of the human chest.

Resection of the esophagus, for the relief of cancer, is a new field in surgery offered us during the past year. Today, however, only the lowermost segment of the esophagus may be regarded as legitimate field for the operation. Exploratory thoractomy, operating under differential pressure, can now afford sufficient information concerning the extent of the disease and the practicability of the operation.

No less satisfactory a tale, concerning progressive surgery, is in the making, as that regarding

the surgical treatment of pulmonary tuberculosis. Friedrich has apparently been curing certain cases confined to one lung by producing artificial stasis by compression, removing for the purpose practically all the ribs on one side, and permitting compression of the enclosed lung by atmospheric pressure. For this purpose he raises a "U" shaped flap from the entire side of the thorax and then removes the ribs subperiosteally without opening the pleural cavity— and he has a degree of success which stamps the procedure as being justified and hopeful providing only that the disease is limited.

Advancements have been made in the field of abdominal surgery during the past year, but I can record only a few special points here. In general, the year has shown improved technic, lowered mortality, and more satisfactory end results. The most noticeable progress has perhaps been the continued interest in the surgery of the stomach. Surgical inquiry and activity in this field is today everywhere rife. and cancer have received the greatest attention. It is today a well established fact that most cases of cancer of the stomach originate from a chronic ulcer, and if we are to win out in the fight against cancer of the stomach, we must do so by attempting to cure cancer in that stage when it is not a cancer - but an ulcer. Excision of all suspicious lesions is now the rule, either by simple excision, or by pylorectomy or partial gastrectomy. The results of the rich and extensive experiences of such men as W. J. Mayo and John B. Deaver teach us clearly the lesson that chronic gastric lesions are almost wholly amenable to surgical remedy—and to this alone.

In intestinal surgery there has been advancement in the way of simplifying technic—and it would certainly seem that the technic were well nigh complete and perfect.

The surgery of the pancreas has shown material advance in the past year. Increased study of the physio-chemistry of the gastric, biliary and pancreatic secretions and functions has resulted in more timely recognition of the

complex pathology, resulting from their disturbed relations—and today timely operations are performed.

The greatest achievement in life-saving results has doubtless been the universal adoption, during the last year or so, of the "Fowler-Murphy treatment"—or early protoclysis—in general septic peritonitis. Thanks to these two American surgeons (Fowler and Murphy) the "nightmares" of "fulminating" and "explosive" cases of peritonitis are past.

In the surgery of the urinary organs there has been some progress. Capsulotomy for Brights disease is gradually gaining in favor. Roswell Park has strongly championed the operation, and incises and removes the capsules in practically all his kidney operations. It certainly offers much by relief of tension, and consequently of pain and improvement of function-but unfortunately it has suffered in reputation because of the fact that the physician will seldom turn his patient over to the surgeon for this purpose until it is far to late. Past work shows the operation to be the right thing—but, today, it is usually done at the wrong time. More experimental work has been done during the year in transplantation of kidney, and it is expected that the measure will eventually be placed upon sound footing.

Ureters have been successfully diverted into the rectum for ectopia of the bladder—also into the vagina, and out upon the back, and likewise into the appendix.

The prostate has been a fertile field for work during the past year.—and its early exsection is becoming more popular, and the suprapubic method more in favor.

There has been improvement of technic, and greater conservatism shown in the surgery of the female pelvic organs. Transplantation of the ovaries has been shown to be practicable and remarkably successful.

Much inspiring work has also been done in physiologic investigation of the ductless glands (the thymus, thyroid, tonsils, adrenals, and the hypophysis.) Their relation to obscure and chronic conditions which often become surgical, is being better understood.

There has been an increased interest manifested in the surgery of the bones and joints, and the results of the year's work clearly shows that much can be accomplished in a conservative sense for the deformities of these parts.

Some of the most interesting surgical work of the year has been in the field of arterial suturing. This phase of surgical endeavor has so advanced that today the technic is so perfect, and the results satisfactory enough for the operation to be clearly indicated—especially is this true in those cases where ligature would be dangerous. The arterial suture may be either lateral or circular: 66 cases of lateral suture have been collected. and were reported to the French Surgical Congress last year, with 65 clinical successes; 21 end-to-end unions with only two failures. In all of the cases hemostasis was perfect. One draw back in this work has been the difficulty of obtaining proper material. Recenty C. C. Guthrie of Pittsburg, has reported great success with the use of human hair. He found lightbrown hair of medium fineness to be stronger than the silk previously used. The experimental work in operating for thrombosis and embolism marks a progress in surgery. tions were reported during the past year-two for clot, obstructing the ruptured vessel, one for thrombosis, and seven for embolism. cases the clot reformed, however. one cases of arterio-venous anastomosis in the human are reported, with fifteen failures. aneurism, the work of the year shows a greater tendency towards the direct treatment, and the superiority of extirpation over ligation.

There has been improvement in the technic of nerve transplantation and nerve grafting, and some very creditable work along this line during the year.

Operations for tumors and compressive lesions of the cord have met with fair results, but our present day diagnostic methods will not permit much progress in this line.

America has had the opportunity during the year to witness the work of an expert in the use of spinal anaesthesia, i. e. Jonnesco. His method was found far from being devoid of danger, as in several of his cases operated upon in our eastern states, artificial respiration was resorted to to prevent death, and it is apparently the general opinion that spinal anaesthesia will always have a limited application—that is, where there are marked contra indications for either inhalation or local anaesthesia. Ether, used by the drop-method on the Esmarch stockinet-crossed mask has shown a gain in popularity during the year, and seems to give the best results to date for general anaesthesia.

Undoubtedly the greatest surgical problem before us today is the cancer problem. We have not yet mastered the situation. A careful survey of the year's progress in cancer research and treatment should, however, give us a ray of hope, and urge us on to greater endeavor. With the leading countries of the world, and the brightest minds of the profession centering their attention on this problem, it cannot be long before the battle is won.

This, gentlemen, closes a brief summary of the most noticeable advances and achievements in surgery during the past year—and the contributions of the most important factors of the remarkable progress has been the work of American surgeons. "America leads the world in Surgery," declared Virchow before the International Medical Congress in Berlin, as early as 1890. This is more true today. No, gentlemen! American surgery needs no apology. It stands for the best work being done anywhere today. Let us place a true valuation on the surgery of our own country. The day has gone when we must go to Europe to "get our surgery." Europe will soon come to us, for she is beginning to realize the high character of our surgical work.

The pioneers in surgery had their problems, their responsibities, their opportunities; the early

surgeons had their means of advancing their work; we have ours, and must formulate them to present-day conditions. Boyer thought that the surgeon of his day had mastered all the problems, and achieved their greatest triumphs;—but it has been left to the modern surgeon to achieve far greater results. And there is more yet to accomplish—and when this medical society shall hold its regular annual

meeting a generation hence, in the great state of New Mexico, and the orator on Surgery shall read a new and brighter review of a year's progress in surgery, I prophesy that he will record the coming of many substantial advancements and achievements, which have blessed and benefited mankind, through the hard, diligent, concentrated and systematized efforts of the surgical men of today.

Treatment of Wounds*

By F. de la VERGNE, Albuquerque, N. M.

A large proportion of the cases which come under the care of the general practitioner are wounds.

Most of them small, some large, of all varieties, contused, punctured, incised, gunshot and others; some recent, others hours and even days old, but tor the purpose of application to the title of this paper may be divided into two general classes:—non-infected and infected.

While these terms, non infected and infected, are used as above, it is with the idea of making a distinction between those wounds in which no evidence of sepsis is as yet appaent, and those in which the invasion of bacteria has given rise to characteristic symptons.

It is the purpose of the writer to presuppose that *all* wounds of the former class are in reality infected from the time of the solution of continuity, and to treat them as such.

Given a wound of recent occurence, there will gradually take place certain changes in the tissues involved, extending over a period of time and including the phenomena of inflammation, repair, resolution and cicatrization, toward a complete recovery, subject however to certain complications which are readily recognized and which must be dealt with according to the ne-

cessity presenting.

By far the most important moment in the history of attention to a wound is that of its very first treatment at the hands of a physician, and a thought backward to its pathology at that time may assist us materially, preventing us from following some routine of treatment, established, we could hardly remember how, when, or why.

Touching for a moment upon the Pathology and Bacteriology we know that certain things happen.

The Pathology or Histology of wound repair may be touched upon briefly. Immediately following the injury, the greatest change takes place in the blood vessels. The internal coats of larger arteries retract, filling the lumen and prevent a further escape of the blood stream—smaller ones, upon exposure to the air, con tract and favor the immediate formation of thrombi, causing the same result. Thereafter, follow the transudation of serum and the escape of blood cells through the weakened and relaxed vessel walls—the interstitial tissues are choked with exudate, trabeculae form in the exuded fibrin, making up a fine net work from which processes are sent out into the open blood vessels and into

the clefts or spaces between the tissues. The cavity fills with blood corpuscles, portions of necrotic tissue and coagulatated fibrin. In from twenty-four to forty-eight hours the red corpuscles have almost entirely dissappeared. About the fourth day blood vessels in small loops pass from the edges of the wound and meet in the center anastomose or unite in the new cellular mass.

Bacteria of many forms and classifications enter and may cause complications. Deep wounds with clotted blood and contused tissues favor the lodgment of the Bacilus Teteanus and the Bacilus of emphysematous gangrene.

On reaching the interior of tissues microbes encounter normal defensive mechanisms of which Phagocytosis and Bacteriolysis are the best understood at present. Normal blood also contains antibodies against various toxins.

From the foregoing, how plainly may be recognized Nature's prompt and strenuous effort to repair damage and to prevent the invasion of septic elements to such a degree that they gain ascendency and thereby produce dangerous complications.

The order of procedure in first attention to a wound should be: First, arrest of hemorrhage; second, cleansing; third, drainage, in certain cases; fourth, repair of special structures involved, such as nerves, arteries, veins, etc.; fifth, approximation of the cut surfaces, by fixation or suturing; sixth, dressing which will include a reference to bandaging, and which is too frequently given insufficient consideration though playing a very important part in the general result desired.

Coming immediately to the object of these remarks, consider for a moment a case such as follows:—

A large wound in the soft parts several inches in length—two or three in depth, severing possibly an important nerve, dividing vessels of considerable size, and presenting a large area of cut surface in various structures, with retraction of their fibres. This wound having been

inflicted by a large knife used for various purposes from cutting meat to scraping the frog of a horse's hoof and cleaned thereafter upon a bootleg, we know beyond any possibility of doubt that its blade has distributed throughout the length and breadth of the injured tissue a liberal supply of bacteria of many kinds, infectious and non-infectious, and therein lies the greatest danger which we are called upon to consider in our subsequent action.

We have before us then an infected tissue with bleeding vessels flooding its area thus caused, pouring out the combination of serum, fibrin and red and white corpuscles which promptly proceed to follow the natural tendency of bood when freed from contact with the intima of arteries and brought into contact with the air, resulting in a clot.

It is pardonable to presume that, in a way, this hemorrhage way be considered as salutary, for it has to a certain extent, through its prompt and vigorous flow washed or forced away from the cut surfaces a considerable amount of the infectious material deposited thereon by the blade, and holds it fast in the meshes of the clot. This clot therefore demands our first attention.

A frequent method of dealing with such a condition is to hold the patient while a large quantity of irrigation is prepared and with which the clot is washed away, thereby diluting it and possibly freeing again the septic elements. This should not be done except in unavoidable instances in which a large amount of extraneous matter, such as mud, sand or other palpable material has been so fixed in the wounded tissue that it can be removed only by that means

By means of pledgets of dry sterilized gauze, and if possible dry Iodoform gauze, the clot may be sponged and pushed away thoroughly, exposing vessels of the size which may need special methods of closing, either by torsion or or ligation. I his should be done. Thereafter the escape of blood will be limited to the so-called "oozing," and as previously stated, a large

part of this will cease spontaneously as a result of the contraction of severed ends of vessels and the formation of terminal thrombi.

Should the oozing persist beyond a reasonable time the wound may be packed with plain sterilized gauze for a period of time, avoiding the use of the various styptics for reasons which will be hereafter mentioned. Applications of solutions of bichloride of mercury are to be avoided for the same reasons. Throughout this and every subsequent part of the proceeding every effort should be made to make the wound dry and keep it dry by every possible means.

It has for some time been the custom of the writer, after rendering a wound as dry as possible, to use instead of the irritating solutions of mercury, or other antiseptics a combination consisting of equal parts of tincture of iodine (U. S. P.) and boiled water, thoroughly swabbing the cut surfaces of the wound, afterward carefully sponging out by steady pressure any moisture which may remain and then applying the full strength tincture to the skin surface for some distance from the free edges.

The subject of drainage must now be considered carefully. The object of drainage is naturally to carry away from the cavity any accumulation of waste material of whatsoever nature, when the general appearance of the wound indicates that the accumulation may be excessive within the few hours immediately following the dressing, and should only be employed for such a purpose. This is rather a fine point in judgment on which will depend largely the desired result. So far as possible drainage should be avoided, bearing in mind that nature will very successfully cope with a certain amount of the accumulation referred to and should be allowed to do so.

In these days of perfected surgical technique it is well known that surgeons no longer have a dread of infection of the peritoneum, for instance, since they have discovered that nature will overcome a certain degree of actual infection in a perfectly satisfactory manner and in a large

percentage of abdominal sections the incisions are now deliberately closed without drainage over a cavity exhibiting a considerable accumulation of fluid material.

It is not the purpose of this paper to give in detail any suggestion regarding the size, form, and material constituting a drain, as these points must be decided by the individual operator according to his appreciation of the actual necessity presenting, but it may be well to advise that all drains should be as small and non-irrating as consistent with its purpose, and then removed as quickly as that has been accomplished.

Packing of wounds is a procedure which is abused with too great frequency, resulting in delay in the healing process if not more serious consequences. In certain cases of large wounds of extremely vascular tissues in which the oozing persists beyond a reasonable time, packing with sterilized gauze may be advantageously performed for the effect of drying cavity thoroughly, after which the closure of the wound may be completed. The longer packing remains the longer it retards the natural tendency of the cavity to close.

Just a few words concerning the technique of suturing. It is customary in the closing of wounds, particularly in approximating the integument to pass the needle from without downward and inward on one side, groping about and making repeated partial withdrawals of the needle in order to reach the commisure of the wound, then from below upward and outward upon the other side. This procedure may jeopardize the result by carrying septic material from the skin surface downward along the entire suture tract. Such a danger may be avoided by passing the suture first from the extreme bottom angle outward through the skin on one side, re-threading the needle and repeating the procedure from the bottom on the opposite side. In using sutures of absorbable material not necessitating removal the suture may be looped at the bottom of the wound thereby lifting it compactly together with the sides and preventing the formation of dead space. Another point is that the distance over which a suture is passed from the cut surfaces should be in proportion to the size of the wound. and best results will be noticed where the distance is not less than three quarters of an inch. This will admit of a more liberal circulation necessary to a natural and unobstructed process of repair. For the same reason the suture ends should be drawn together from below upward and knotted carefully and with judgment so as to avoid actual strangury of the tissues enclosed in its grip. It is hardly necessary to add a caution regarding the use of suture material properly prepared.

After the surgical repair of a wound by sutures, all blood should be carefully sponged away, and the suture line sponged with full strength Tincture of Iodine—extending for some distance away on each side, this will be an additional safeguard against the possibility of microorganisms being carried between the united edges from the disquamation of the adjacent epithelial layers caused by the friction or free movement of the dressing.

No dusting powders or chemicals should be used as they tend to form crusts above the wound, under which putrefactive changes may originate. Perfectly dry sterile plain gauze, or iodine gauze should be laid over the surface in quantity sufficient to assist in maintaining equal pressure upon bandaging. Where some subsequent accumulation of fluid is anticipated the gauze should be fluffed as it will absorb longer than that placed compactly, but on a dry wound the gauze should be placed in thick flat pledgets.

The bandaging should be firmly placed, making equal pressures to such an extent that free leakage from the injured tissues is mechanically prevented. This will not interfere with the main blood vessels, as its effect will be principally upon the unduly dilated capillaries and will compress more closely the separated bundles of muscular fibres, preverting the existence of minute dead spaces.

The outline of treatment has been given in all the foregoing with the purpose of pointing out the writer's method—and a brief resume will be necessary to establish the line of reasoning therefore, as follows:—

To do away with irrigation—substituting sterile sponging, for the reason that the dissemination of septic elements may be prevented to a greater degree. Hemorrhage may be checked thereby more promptly through the drying of the surfaces by pressure of dry gauze against The chemical irritants in form of irrigation or otherwise are contra-indicated as the antiseptic solutions in common use eyert a destructive action on the superficial layers of cells exposed, even in weak proportions and have the power to kill or injure cells several layers deep. Following the thought previously expressed regarding the natural process of defense against invading sepsis at the same time as throwing out an immediate process of repair. the effect of chemical irritants would be greater toward the weakening or actual destruction of this natural defense and repair than toward the destruction of the virulence of the septic elements which we have presupposed to exist in the wound.

Careful approximation of opposing surfaces, to prevent dead space, the use of dry closely approximated dressing of a non-chemical order, and firm bandaging will all contribute to the dryness of the injured parts and that is the result to be mostly desired.

As certain bacteria are prone to develop in natural exudations, the prevention of accumulations of such exudate or transudate will likewise prevent the existence of any culture media of such a composition.

It is of course impossible to prevent absolutely a certain amount of culture media, but if kept at the minimum nature will be well able under most circumstances, to successfully overcome any very serious development of infection. In any case we may materially assist nature by not interfering with her efforts by interposing

a wholly unnatural obstruction to the healing process in the form of an injurious chemical combination which will kill off the front ranks of those cells which are advanced for the purpose of engaging septic elements in mortal combat.

The judicious use of tincture of iodine is recommended by the writer. It has long been used to sterilize integument, and has proven its efficiency, and is being used today in surgery with excellent results.

In the operations upon vicera the free cut surfaces are being touched with it before being enclosed in peritoneal covering.

In supravaginal hysterectomics performed at the Columbia Hospital in Washington the stumps are so treated, likewise the stump of the appendix. It has a bacteriolytic action yet is so mild that it does not destroy cell life, and therein lies it great surgical value.

Too much stress cannot be laid upon the importance of keeping wounds dry, for the reasons above given. Wet dressing of fresh wounds is to be deprecated. The natural circulation and process of repair cannot be as efficient in a macerated water soaked tissue as in a dry one,—not to speak of the additional danger of supplying a liquefying element to the exudate increasing the probability of establishing a culture media.

The wounds sustained by persons whose occupations keep the injured part constantly in water come to us as a result of the infection which is almost sure to follow. Bottlers and dishwashers can testify that suppuration takes place and spreads rapidly in the most insignificant wounds.

It is a curious fact, however, that wounds of the buccal cavity, or the tongue will heal kindly although constantly in a liquid dressing but this is because they are guarded against infection by their dense protective covering, and by the bactericidal and mechanical action of saliva and mucus.

We all know that in treating the umbilical

stump in the new born the use of oils, dusting powders or ointments not only retard dessication but frequently may be found responsible for the exaggerated icterus neonatorum which we are called upon to treat. Carefully dry the stump—wrap it in a thin covering of plain sterilized absorbant cotton and you will bring about such rapid dessication that any infection will be promptly checked through want of moist culture medium.

Dressings when once properly applied should not be removed through curiosity to see how the wound is progressing. The repair is a delicate process and may be easily disturbed to its detriment. If the work has been well done and there are no local nor constitutional symptoms of nature having failed in her effort to prevent sepsis, let the wound alone. Dressings should be removed only for cause, not as a matter of form. Healing in an ordinary wound after suturing takes place in about ten days. Sutures perform their function, in about eight days and if the non absorbable kind may thereafter act as mechanical irritant and may be removed. otherwise no harm can result from their remaining for a further period.

The treatment of infected wounds calls for methods indicated by their condition when we first see them. As a rule there is pus, and this should be allowed to escape by means of very free incision, particularly of deep structures. In these cases nature has already thrown out the breast works of defense and there remains but the circumscribed area to deal with. Open it well, sponge out what free material there may be, but sharp curetting should not be resorted to as it would disturb the integrity of nature's wall ot defense and possibly defeat the result desired.

Leave the wall of the abscess cavity intact, just as we would not disturb the involucrum of a bone from which we had just removed the sequestrum for fear of destroying the already existing asteoblasts which are destined to fill in the cavity with new bone. Place loosely in the

cavity some Iodoform gauze, it is stimulating and disinfecting, keep the wound dry as the application of the time honored wet dressing may retard the destruction of the infection. So treated the slough will separate promptly and thereafter granulation will proceed without

further difficulty. All ointments, oils, poultices or other gummy applications prevent free eliminations from skin surfaces adjacent to the wound, obstruct drainage, are surgically dirty, and their employment will only retard the process of healing in any degree.

References: Keen, Fowler, Cheyne, Stone.

THE IDEAL ABDOMINAL BINDER

One thing is certain, every physician or surgeon who has ever used a "Storm" Abdominal Supporter has been snstantly impressed with its special possibilities in relieving prolapse of the viscera, to say nothing of its great utility as a support during pregnancy, and after laparotomies. Invented by a physician who has given the most extensive study and investigation to the subject, the "Storm" Binder comes more closely to meeting anatomical needs than any other supporter. Moreover it is mechanically perfect in every detail, and thus retains its shape and efficiency, without the change due to use and wear, that make the ordinary abdominal binder worse than useless after a very short time.

Patients seem to derive more immediate comfort from the "Storm" Binder than any other form of support, and it is hardly necessary to speak of the sustained and permanent benefits invariably obtained. The simplicity of the "Storm" Binder is commendable and doubtless much of its utility is due to this quality. It does not fret and annoy the most nervous invalid, and as voiced by a recent patient, profoundly neurotic, "I would never know I had it on, but I know when I leave it off."

In brief, the "Storm" Binder is the ideal abdominal supporter for men, women and children, and physicians who use it once will never allow their patients to use any other. It is in a class by itself in its special field of utility. Every physician should have a supply of diagrams for measuring, etc., and for these should address Dr. Katherine L. Storm, 1612 Diamond St., Philadelphia, Pa.

(From American Medicine, March, 1910.)



Operative Treatment

OF UTERINE RETRO-DISPLACEMENTS*

I feel that this is a subject that has not had the attention of the profession generally that it should have had. The old manner of treating uterine displacements by the use of tampons, pessaries, etc., has its disappointments and limitations, and disappointment is the general rule. Much valuable time has been lost in these doubtful procedures, still there is enough merit in them to warrant us in giving them a fair trial in suitable recent cases, however, after all, the radical treatment is the one for sure and permanent results. The operative measures for the correction of posterior uterine displacements may be conveniently grouped under three heads, viz: First: Measures having for their object the cure or abatement of inflammatory conditions in the uterus and the bringing of the pelvic floor up to as near as possible the normal condition. Second; Measures for abating any pelvic inflammation that may be present, and, Third; Measures for bringing the uterus into its normal, or approximate normal position in the pelvis. The first and second measures do not come within the scope of this paper. Only the methods, or some of them, for bringing the retio-displaced uterus as near as possible into its natural position and keeping it there will be noticed. There are a great many operations having this end in view, each having their meritorious features and ardent advocates. It would be inadvisaable at this time to go into detail of all these different operations, therefore I shall only attempt to give a brief notice to a few of the leading operations and try to point out the advantages and disadvantages of each. In these procedures for the surgical replacement of the displaced uterus there are three routes by

which we can approach the uterus. Through the inguinal canal. Second: through the vagina, and, third, through the median abdominal incision. As a representative of the first, through the inguinal canal, is the operation that is well understood by all surgeons, the Alexander operation. An incision is made over each inguinal canal, the round ligament sought and drawn out enough to take up the slack and raise the uterus up in its normal posi-The ligaments are then stitched in the canal and the skin closed over. This operation has the advantage of being entirely extra-peritoneal and allowing the use of the strong, proximal portion of the round ligament in supporting the uterus. Its disadvantages are that it does not admit of any exploration of the pelvic cavity and the breaking up of adhesions or the detectection and correction of any abnormality that might be in the way of a thorough and successful operation, uncertainty as to the uterus being satisfactory forward and using the lateral instead of the direct forward pull on the uterus hence permitting a return to the original displacement under favorable circumstances for a return. Another operation that is performed through the inguinal canal is inguinal celiotomy. This is practically the same as the preceeding only it admits of a partial exploration of the pelvic cavity, the peritoneal cavity being opened. It has all the disadvantages of the median incision without any of the advantages.

We come now to briefly consider the vaginal route. These operations through the vagina have the advantage that they can be easily combined with any work that may be necessary to be done on the vagina or perinaeum in order to bring them up to the normal standard, and that there is less danger of shock and less danger of sepsis from the fact that the peritoneum is handled less than in operations through the abdominal route, The disadvantages are that they are unhandy to perform, do not provide a very adequate elevation of the fundus nor for the direct forward pull that is so necessary to prevent the uterus returning to the former displaced condition, nor can pathological conditions to the pelvis be so well dealt with as through the median incision.

This brings us to the third route by which we can approach the uterus, and the one that gives us the best opportunity for doing satisfactory, thorough work, through the median abdominal incision.

There are many of these operations, that is many variations. To be sure, in all, the abdomen is opened in the median line just above the pubis. The various procedures after the abdomen is opened is what distinguishes one of these operations from the other. Ventro-Fixation, or the scarifying and suturing of the uterus to the aponeurotic structures of the abdominal wall results in a very dense, firm adhesion so that the uterus can never again, under any circumstances, leave its moorings. This is a splendid operation in a woman who has passed the child-bearing period, but should never, under any circumstances, be resorted to in one who is likely to ever become pregnant, because the uterus will be so firmly and immovably attached to the abdominal wall that it cannot develop with the pregnancy, and abortion will be the inevitable result, indeed should nothing more serious happen. Ventral Suspension or the suturing of the uterus to the abdominal peritoneum is by far the more advisable operation during the child bearing period or when there is a possibility of pregnancy occurring in the future. Still, the future position of the uterus is not by any means so secure, as the bond of union between the uterus and the peritoneum will gradually stretch until ultimately the uterus will return to the original displacement, besides we have this free band in the abdominal cavity, around which intestines may twist and cause very serious complications.

Next comes the different methods of shortening the round ligaments inside the abdominal

cavity by folding them upon themselves and suturing, all of which are on the same principle as the Alexander operation, only the weak distal end of the ligament is used in the former, whereas in the latter we have the use of the strong, proximal portion. There is an operation along this line that consists of drawing the round ligament through a hole in the broad ligament and suturing them together in a loop behind the uterus. At a glance this would seem to be an ideal operation, but not so when you consider that you are depending on the weaker distal end of the round ligament with a lateral pull for your support of the uterus. Sooner or later you have a return of the displacement. There are four other median operations which I shall notice briefly, which consist of transplanting the round ligaments into the abdominal wall. In these, that portion of the round ligaments which is normally inside the abdominal cavity is drawn out into the musculo-aponeurotic laver of the abdominal wall and sutured there. In these four operations the shortened round ligament leaves the abdominal cavity at different points in each case. First; out through the aponeurotic wall through the internal inguinal ring thence on through the musculo-aponeurotic wall of the abdomen to the median incision. A splendid operation but for the fact that you have the lateral pull on the uterus and should there be much backward tendency the displacement will be very likely to return. We have the Gilliam operation, where the round ligament is made to leave the abdominal cavity in a loop directly through the rectus muscle. This also a splendid operation but for the fact that it leaves two free bands in the peritoneal cavity which may cause troublesome complications in the way of intestinal obstruction. Third; We have Ferguson's modification of Gilliam's operation, which is indeed a very excellent operation and one that, under certain circumstances and conditions cannot be surpassed. This is essentially the same as Gilliam's operation only the distal portion of the round ligament is sutured to the abdominal peritoneum thus obliterating the two free bands by closing the opening between the distal end of the round ligament and the abdominal wall, through which a coil of intestine might slip and become

The results of this operation are all that obstructed. We utilize the strong, proximal porcould be desired. tion of the round ligament in a direct forward pull. This operation can be used even when the round ligaments are bound down firmly by the products of inflammation, and leave no free band in the abdominal cavity. there is one thing against it. The operative manipulations are complicated on account of the difficulty of suturing ihe distal portion of the round ligament to the abdominal peritoneum. In spite of this single disadvantage, when the round ligaments are bound down by the products of inflammation and are not freely movable, this is the most practical operation to do and the only one that will meet the indications.

We now come to consider the last of the four - Crosson's modification of Gilliam's operation. This operation is not applicable where we find fixation of the round ligament or where they are very seriously attenuated, but in ordinary cases where the round ligament is loose and freely movable, this is the choice of all operations and the only one of which I have any knowledge with which no fault can be found. As this is the operation of my choice and the one that is most usually applicable, I shall not, I think be thought egotistical in giving a brief discription of the technique, seeing it not to be found in many of the text books. The patient is prepared as for any abdominal operation, anesthetized and the abdomen opened in the median line just above the pubis. The pelvic cavity is explored and its condition as to pathological changes noted, adhesions between the uterus and any neighboring structures severed: see that the round ligaments are freely movable; examine the appendix, etc. All this accomplished, the retractors are placed and the round ligament grasped in the bite of an ordinary tenaculum forceps about one and a half inches fron the uterus. In like manner the other round ligament is grasped with another forceps. The retractors may now be removed and the point of the puncturing tenaculum forceps is inserted, just under the upper sheath of the rectus muscle in one side of the abdominal incision at a point one inch above the pubis, to a distance of one inch when the point is directed downward and made to pierce the rectus muscle and its posterior sheath down to but not through the peritoneum. Now, with one finger in the abdominal cavity as a guide the puncturing forceps is passed outward between the peritoneum and the apponeurosis to point about one inch from internal inguinal ring at which point it is make to pierce the peritoneum into the abdominal cavity. The handle of the forceps is now raised and the free point guided by the finger in the abdomen, or by sight, is directed toward the point where the round ligament has been caught in the grasp of the ordinary forceps. The blades are now opened and round ligament seized with the puncturing forceps and the ordinanry forceps released. The puncturing tenaculum is now withdrawn bringing with it the loop of the round ligament into the abdominal incision where it is again caught with the ordinary forceps and held. The same proceedure is now gone through with on the other side when a loop of each round ligament is held in the abdominal incision by two ordinary forceps.

Should it be found that the round ligament, together with its overlaying peritoneum, is too large a bundle to follow the puncturing forceps through the abdominal tissues, the peritoneum may be snipped at the point where the round ligament is to be grasped and the ligament alone caught in the grasp of the puncturing forceps and withdrawn into the abdominal incision. The tension of the round ligaments is now adjusted by tightening a little on one or both ends, the proximal end for the purpose of bringing the fundus well forward into its natural position, and the distal end to more effectually close the space between the ligament and the abdominal parietes. By paying special attention to the distal end the puncture in the peritoneum for its passage may be made at a considerable distance from the internal abdominal ringwithout leaving any aperture between the ligament and the abdominal wall through which an intestine might slip. When the distal end of the ligament is drawn taut the peritoneum, being freely movable, is puckered up so as to effectually close the opening, This puckering of the peritoneum brings the proximal end of the ligament approximately to the point where the puncturing tenaculum made tts exit through the aponeurosis of the rectus muscle, near the outer margin of the muscle, and thus affords a pull on the uterus nearly directly forward, the same as in the Gilliam or Ferguson operations. If the loops of the ligaments are long enough they may be lapped across the abdominal incision and stiched firmly together with cat gut, about No. 4. If too ten c to draw across, each loop may be firmly stitched to the aponeurosis of the rectus muscle on its respective side, with cat gut. The abdominal incision is now closed and the patient kept in bed ten days, on a convales ent diet.

To make a complete success of this operation it is very necessary that the floor of the pelvis be firm and in a normal condition, and shou'd there be any repair work needed this should preceed the work on the round ligaments, especially if such repair work necessitates any pulling down of the uterus and its appendages. Of course all this can be done under the same anæsthetic. If you gentlemen are not a ready familiar with this operation and will investigate it further I am sure that in suitable cases, you will be more than gratified with your results.

Notes from County Societies

The Secretary had the pleasure of attending a meeting of the Luna County Medical Society not long ago and spent a very enjoyable evening. The Society is few in numbers but makes up in enthusiasm for what it lacks in membership. The entire evening was spent in a most profitable study of the post graduate lesson of the American Medical Association course as recommended by Dr. McCormack.

Luna County Medical Society met in the office of Dr. S. D. Swope at Deming, N. M., December 13, 1910; present, Drs. Steed, Moir and Swope. Minutes last regular meeting read and approved.

This being the regular annual meeting for election of officers it was moved by Dr. Moir, seconded by Dr. Swope, that the officers of the past year be reelected to fill their respective offices for the ensuing year. The secretary was instructed to cast the vote of the society for the following officers: President, Dr. P. M. Steed; vice president, Dr. J. B. Barbee; treasurer, Dr. J. G. Moir; secretary, Dr. S. D. Swope; delegate, J. G. Moir, alternate, S. D. Swope; censor for three years, Dr. Steed; and they were duly declared elected. The secretary was instructed to invite Dr. Martin of Lordsburg, Dr. Bowen of Hondale, Drs. Williams, Walker and Hoffman of Deming to join the society.

The treasurer reported balance on hand with no outstanding warrants \$12.35.

Dr. Steed reported as a committee to consult with school trustees with reference to having school children examined for defects in breathing, seeing and hearing; reported that the trust ees were glad to have these examinations made and it was agreed that such examinations should begin on the beginning of school after the first of the coming year.

There being no further business the meeting adjourned.

Dr. S. D. Swope, Secretary.

Dr. W. R. Tipton writes that the visit of Dr. McCormack to the Las Vegas Medical Society has been of great benefit to the members. The post graduate work has been inaugurated there and is producing good results.

It is regretted that Dr. W. R. Tipton has been under the weather since the Belen meeting of the Council. He is now improving.

The McCormack meeting in Santa Fe was a very satisfactory one. Governor Mills presided, and the Doctor was followed by Rev. J. Mythen and T. B. Catron, both of whom promised for the large audience to follow out the Doctor's ideas. Governor Mills is now considering the personnel of a proper committee to further the general plan.

J. A. R.

The Chaves County Medical Society, at the December election of officers elected the follow-ROSWELL ing officers for the coming year: President, Dr. C. F. Beeson; vice-president, Dr. C. F. Montgomery; secretary-treasurer, (re-elected) Dr. C. M. Yater; board of censors for three years, Dr. C. M. Mayes; delegates,—two years, Dr. H. A. Ingalls, one year, Dr. W. T. Joyner.

The society has taken up the weekly work of post graduate work as proposed by the A. M. A. and, for beginners, are starting off nicely. We had the monthly work the past year and seeing the good in it decided to meet weekly. Any member of an affiliated society who may happen to be in Roswell is invited to attend any

of these meetings and take part in the study. We meet every Thursday night.

Four cases of typhoid fever in Roswell for the year 1910. What city in the state can boast so low per cent of typhoid? And the credit is mostly due the C. C. M. S.

The members of the C. C. M. S. residing in Roswell are negotiating for the erection of an office building on a plan especially suited to their needs as offices with one common waiting and assembly room. This will be to their advantage from many standpoints; one office attendant, one janitor, one common library, one heating apparatus, telephone, etc.

Dr. Yater, representing the Society for the Study and Prevention of Tuberculosis in New Mexico in Roswell has sold over 4,000 "red cross seals." This is a good work and should be "pushed along." Nearly all the doctors in the society invested heavily in these seals.

Our genial president, Dr. E. M. Fisher, came to the society the other night with "a smile that wont come off." It's a girl.

Several local visitors to the society last meeting.

Beeause of the fact that the regular meeting came during the holidays, it was decided that it be called a week proceeding, and consequently the regular December meeting of the society was held Friday evening the 16th, at the office of the secretary.

The formality of opening the meeting and approving of the minutes of the previous meeting having been completed, under the head of clinical cases—Dr. Sexton reported two cases of secondary syphilis that had been placed under treatment with cacodylate of soda as had been practiced by Murphy of Ghicago. In the

one which had assiduously reported for the treatment, the result was practically perfect in the course of two weeks. The second case was not so punctual nor constant in reporting, and while there was marked improvement, still the course had not been carried far enough for perfected treatment and result.

The bills incurred by the committee for the McCormack lectures were ordered paid by the secretary-treasurer.

Then the election of officers for 1911 was proceeded with. The result being as follows: President, Sol. W. Laub, Las Cruces; vice-president, C. A. Mitchell, Mesilla Park; secretary treasurer, Troy C. Sexton, Las Cruces; delegate to N. M. M. S., C. A. Mitchell, Mesilla Park; alternate to N. M. M. S., W. C. Field, Las Cruces; censor, term expiring 1911, J. H. Johnson, Organ. The censors elected in the two proceeding years are as follows: Term expiring 1812, W. C. Field; Term expiring 1911, R. E. McBride.

At this meeting two topics were introduced by the president for consideration and discussion. One was for a common collector for the men practicing here in Las Cruces. It was not decided to attempt it just at this time, but each one was to think it over, and render a decision at the next meeting. The other topic was that of doing the post-graduate course work weekly in the Society. After discussion it was decided to attempt the work. The matter was left by motion, in the hands of the Committee on Program and Scientific work and the first meeting is to be held the first Wednesday evening in January.

No further business to come up, the society adjourned until the first Wednesday evening in January for the post-graduate work.



Book Review

THE OREGON TRAIL. By Francis Parkman. Edited with an introduction and notes by Clarence Walton Vail, A. M., Instructor in the Manual Training High School, Brooklyn. 553 pages, 12mo, cloth, price 50 cents. Charles E. Merrill Co., New York,

Francis Parkman in 1846, at the age of twenty three, made his way from St. Louis to the Oregon country through a region traversed only by buffaloes, Indians, and a few emigrants. His purpose was to study Indian life, and the results embodied in The Oregon Trail constitute an important record in American history. The book is a direct narrative of Parkman's experiences from day to day, with descriptions of the country and the people and vivid accounts of the adventures that attended every stage of the journey.

In preparing this edition for Merrill's English Texts, Mr. Clarence W. Vail has briefly set forth the history of the Oregon country and Parkman's life, and has explained unfamiliar words and allusions in the text. The volume contains a portrait of Parkman and a map of his route in these Western travels.

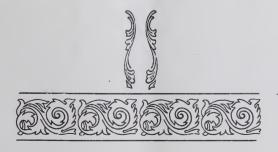
THE PHYSICIAN'S POCKET ACCOUNT BOOK. By J. J. Taylor, M. D. 212 pages, leather, price \$1.00 postpaid. J. J. Taylor, publisher, 4105 Walnut Street, Philadelphia, Pa.

The especial feature of this book is a system of accounts whereby each transaction can be

recorded in a moment's time in plain language, so that it is strictly legal as evidence in court without personal explanation, and so arranged that any patron's account can be ascertained on demand without any posting. There is only one entry for each transaction, and this in such a form that no posting is ever required. It saves time, labor and worry, and insures that your accounts are always up-to-date, so that you can send statements out every month without any delay and can inform any patron, wherever you may meet him, of the exact state of his account. This feature alone in the course of a year will secure payments for you—that would otherwise be missed - sufficient to buy your account books for a whole lifetime. It is the simplest, quickest and easiest legal account system on the market.

The book also has some easy and practical directions for billing and collecting, some excellent business and legal hints, some valuable forms for emergency use, such as "dying declarations" "form for wills," etc., an average medical and surgical fee bill, besides miscellaneous tables, clinical directions, etc. Having a good cash account department and various clinical records vaccinations, deaths and confinements—it forms a complete year book for the physician's pocket.

For those who prefer to keep their accounts at the desk, the same system has been enlarged into a desk size book of 400 large sized pages, the price of which is only \$5.00 per copy.



A Triumph in Pill-Making

Parke, Davis & Co. confess that their soft-mass pill which is now receiving so much favorable attention from the medical world, was for a long time a "hard nut" to crack. They had set out to produce by the soft-mass process a pill that should be a credit to their house and to the manufacturing pharmacy. The task at first seemed simple enough. Here, as elsewhere, theory and practice were at variance. As a matter of fact, a good deal of experimentation had to be done. Time was consumed. Money was expended. In the end, of course, ingenuity triumphed.

In structure the soft-mass pill, as manufactured by Parke, Davis & Co., consists of a plastic mass encompassed by a thin, soluble chocolate coating. It may be flattened between the thumb and finger like a piece of putty. An important advantage of the soft-mass pill is the readyness with which it dissolves or disintegrates in the digestive tract. Another commendable feature is that, no heat being applied in the process, such volatile substances as camphor, the valarianites, the essential oils, etc., are not dissipated, so that any pill embodying one or more of these substances may be depended upon to contain just what the label says it eontains.

Parke, Davis & Co. are putting out close to thirty formulas by the soft-mass process—all of them listed, we believe, in advertisements now appearing quite generally in the medical press. Practitioners under whose eyes these announcements do not happen to fall may profitably write the company, at its home offices in Detroit, for a copy of a recently issued folder on "Soft-Mass Pills," which contains titles and complete formulas of all the pills now manufactured by Parke, Davis & Co. under the process referred to, together with some other important imformation.

The New Mexico Medical Iournal

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$E \cdot D \cdot I \cdot T \cdot O \cdot R \cdot I \cdot A \cdot L$

In the matter of tuberculosis the question of climatic conditions and the results of the proper climate upon tubercular troubles have already been sufficiently discussed, not only in Western journals but in magazines for the general public. There is, however one question which every physician is deeply interested in and in which the patient should be still more concerned, and that is the question of returning to his original home and climate after a so-called restoration to health.

The question of cure, as far as the entire destruction of the focus of infection is concerned, is even now a debatable one. In 1884, Dr. Solly of Colorado Springs, and Fiske and Dennison of Denver endeavored, as far as possible, to collect data regarding those cases that returned to their homes apparently cured, and if I recollect rightly, (altho I cannot just at the present lay my hands upon the data which were published in the Climatological Journal) about 70 per cent relapsed, and unfortunately of this 70 per cent their second visit to the proper climate was not followed by the same favorable results as their first, in other words, they seemed to have lost their recuperative powers. The facts arrived at by these investigators still hold good and the question arises in our future treatment of tubercular troubles, especially among those who come to a climate like this to regain their health, as to whether

a return to their former home is advisable, and this hinges on the question of what constitutes a cure. there such a thing as absolute destruction of the bacilli or is their growth inhibited by residence in the proper climate? If the former theory be true return to the original climate will be attended only by the danger of re-infection, but on the contrary, if the latter, there will certainly be a return of the trouble and a return to vitality of the dormant germ. It is up to the physicians of this country to decide the question as to which of these theories is the correct one.

No. 4

Personally, after thirty years' experience in New Mexico, I, myself, have come to the conclusion that it is merely an inhibitive action and not an actual destructive action. I am very fond of using the following illustration that climate and this disease can be compared to keeping your foot on a rattlesnake—that as long as the patient is in the proper climate he is able to control the reptile, but on his return to the original climatic conditions which produced the disease he automatically removes his foot with the natural result of being bitten. This, I find, appeals to the patient better than any other illustration I can give them.

Personally, I also think that prolonged residence, if not a permanent one, is needed in all these cases, altho I also admit that it is extremely difficult to make the patient realize the necessity of this, drawn homeward as they are by sentimental ties and bonds of affection. While these are personal views, it is my impression that the majority of physicians will concur in them and I honestly and firmly think that in a fight of this kind with the tubercular patient who has gone to the expense and annovance of changing climates for health that he or they should, and as soon as possible, realize the fact that the change ought to be permanent. Their return to the original climate will sooner or later in the great percentage of cases be followed by a return of the disease, and that that return will almost always be in a more virulent form than the first attack. It is needless to multiply or quote cases. Every physician who has practiced in this country for ten years will realize that "old timers" who bullteamed it out here years ago, condemned to die and coming here as a last resort and prevented by poverty from returning to the old home have been the ones who are the best advertisements for the climate. It has surprised me as an insurance examiner to run across these old timers, rugged, healthy, and in some cases, dissipated, and to find that their chest is in such a condition as to preclude even the consideration of them as an insurance risk.

For the tubercular to think of returning home even after apparent health has been restored is disast rous. It is a cold blooded question of statistics and the sooner we educate our patients to the point that they must select not necessarily the local town, but a suitable climate and stay there, identifying themselves socially and in a business way with that center, the sooner we will obtain a more permanent hold upon the disease than we have yet acquired. —W.

SOCIOLOGICAL MUSINGS IN RELATION TO TUBERCULOSIS

The social value of our life is according to its value to the other units of human society. The individual can count only as part of society. So is the evil of individual value only; but as soon as the individual or social unit propogates evil then the originally limited defect becomes a social problem. A demand is created for a remedy and in the search for such remedies the public or social conscience is put to a hard task.

The former fear of the inheritance of tuberculosis gave way to the knowledge of the inheritance of predisposition and to the knowledge of mode of infection. If the *last case* of tuberculosis is cured the disease will be eradicated and whenever the *last sufferer* from tuberculosis shall have been buried then, and not before, the greatest foe of mankind will be in its grave. But until then?

It is wiser to raise a generation of perfect units, able to resist the infection then to prevent the infection alone. This theory makes the parent the strategic factor of the present situation. This theory involves the social status of the tubercular in the right of becoming parent. In short: the tubercular father or mother is unfit for parenthood.

There exist laws which prevent, or, to be truthful, make an attempt to prevent matrimony for the unfit in general and amongst these is classed the tubercular. Yet married people become tubercular. Many retreat behind the flag of "personal liberty" and procreate the unfit.

We cannot here enter into the study of the *determiner* nor of the *unit-defect*, we have no space to quote Karpas, Bennett, Hamilton and others. We doubt that even this small musing with hypotheses, which proclaim the tuberculars as procreators of the unfit, find a hearty welcome. Men will act first and think afterwards. This as individual and as society. Our social conscience, our sense of social morals are too young as yet to take eugenics seriously.

We cannot prevent the mating of the unfit, but we can prevent the procreation of the unfit. The instinct will dominate over reason, but the courses of nature can be interfered with. Theorems and their corallaries are proclaimed which may make such a course appear socially immoral—the hue and cry "race suicide" is too much of a novelty to be tampered with. Yet, without much dogmatizing, the social conscience does not condemn race-control as race-suicide. The power to control destiny to a certain extent distinguishes the civilized from the savage, the man from the beast. To let nature take its course always would be savagery.

Social-control, race-control are questions of medical sociology which

need more attention than given at this day. The watchword of this age of applied science is: prevention of harm in any form; be it poverty, war, death, disease, suffering or ignorance. Prevention of anything which may lead to the existence of an abnormal unit of society is justifiable and must be a high aim of civilization; it will be the only true civilization.

Law and religious practices must step aside whenever human society is concerned in its future. It is true religion, a religion applied today, but which may have shocked the pilgrim father, if no common communion cup passes around as long as our lips carry disease. The blessing "be fruitful" is not violated when the tubercular woman begets no child intentionally. The command "thou shalt not kill" is not violated when a fetus is taken from a tubercular woman and a life, problematic as yet and probably a social unfit is sacrificed to prolong the existence of a social unit. Useful to society perhaps in other than maternal functions. Abortus inductus is not justifiable as a therapeutic measure, nor is it moral because law has sanctioned it for a recognized aim and purpose: abortion must be moral because there is no natural law, no natural duty, that the pregnant woman shall sacrifice herself in health or life for a fetus for which she is host. The protection of law and right for the fetus vanishes with the duty of the woman to protect her own life and her own health.

Two individuals love each other; they are young; they have all the means to make suffering easy. One is tubercular; surgical interference makes one sterile; they marry. This is socially moral.

He earns enough for a small family during bright days. He is incipient. They marry. She begets a tainted child; poverty follows. This is socially immoral.

The girl is poor; she is the afflicted. He has worldly goods. He wants to make her life easy and provide for her. As her husband he can do so. A surgeon resects her tubes. They are happy. This is socially moral.

He is afflicted, but death is far yet. She cannot raise a family and care for him at the same time. She wants no weak children. A surgeon imbeds her ovaries in a peritoneal fold which can be broken again. This is socially moral.

She is young and afflicted, just married. She wants to be spared the sufferings of a small operation. He is strong of a small operation. He will have a second, a healthy wife; he has vasectomy performed. This is socially immoral.

Such problems confront us. cannot always quell the sexual instinct. It may not be wise to do so in every case; we must consider the healthy party to the matrimonial contract. It would be a wrong to the individual to unsex it entirely, it may be harmful. Science has shown us how to bring about sterilization without castration, without disturbing the internal secretion of the germiferous glands. This sterilization can be temporary or permanent according to our wish. The interference is of small danger to health and so-called This sterilization, a practimorals. cal application of the dogma of prevention, has found but slight recognition. Yet it is a powerful arm in our combat of social deficiency.

The facts, above mentioned, exist, the reasons for such practices are sound and socially moral; but who has the courage to proclaim them? Who has the courage to carry out such convictions?

-Francis T. B. Fest.



One Year's Progress in Our Knowledge of Tuberculosis*

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Our progress in the fight against life's greatest foe depends entirely upon our progress in the exact knowledge of the same, its causative agent and all etiologic factors and manifestations which favor and made possible such dreadful onslaught upon the human body as that of the bacillus of Koch.

No matter how crude a method may be, no matter how trite and insignificant the smallest item of knowledge may appear, if this method or item is an additional particle of science and if such additions repeat themselves the time will come that tuberculosis will be at our mercy. In the mean time every and any information which comes to us is worthy of being investigated, no matter how paradoxical same may seem at first because nothing can be more perplexing than the complex of tuberculosis.

You will pardon, if in this address I embody matters which appear slight but they cannot be too slight if they may be of the smallest service in the study of the inexhaustible chain of problems which we meet daily in our contact with tuberculosis.

The belief that the mycobacterium tuberculosis can mutate from one form or stem into another has been abandoned now; we know that this microorganism is a true parasite, which cannot live outside the living organism because its existence as artificial colony is selflimited.

The other so far current views of

etiology and pathology have changed radically. The last year has brought us a nearer standard for both.

Baumgart adheres vet to his theory of germaogenesis, i.e. congenital infection latency. Cornet also has yet his followers. Behring's way of entrance by ingestion is plausible and accepted, but other possibilities have not been rejected. Whatever the usual route of entrance may be, it would be unscientific to deny the possibility of an infection of the human being by a route which has been demonstrated in the laboratory on animals. Our real progress in the knowledge of etiology lies in the general acceptance of hematogenous route of spread within the body and the progress in pathology sees no longer in the tubercle the typical and true lesion of tuberculosis.

Robert Koch has stated, that in comparison to the typus humanus, the typus bovinus is of small importance in the production of tuberculosis in the human. A multitude of opposition arose but now Mceller, Dieterlen (Janeso, Elfer) and others showed that mostly the deductions were based upon wrong premises by working with stems human or mixed.

In the Kaiserliche Gesundheitsamt Dieterlen, Weber, Titze did an immense amount of work which must be considered as conclusive and the result of which is: The typus bovinus, even in large quantities, is of small pathogenity for infants and there is absolute want of proof that the typus

bovinus can mutate within the human body.

No living man has made the exhaustive research work in regard to etiology as has Liebermeister; he gave the sum of his studies in the form of theses which I shall reproduce as briefly and condensed as possible.

T. B. are found frequently even in the circulation of clinically light cases. This presence in the circulation does not lead to miliary infection.

Autopsies show lesions in nearly all organs.

The T. B. produce partly tubercles and partly inflammation (Poncet).

Both frequently occur together.

Inoculations from these lesions are often positive.

Infection does not necessarily lead to histological tubercles but often only to chronic inflammation.

These processes affect especially small and smallest vessels by a phlebitis obliterans; and finer nerve stems.

Mixed infection shows in the blood stream later, but often years before death ensues.

These facts explain the effect upon the general system.

Rosenberger's statement, that the T. B. is always present in the blood of tuberculars has caused this work and his statement is borne out.

It is true that of late again voices are heard which condemn the Rosenberger theory on the strength of not being able to find the organism. Ferran yet claims that the T. B. is not causative at all and he has followers. At the large gatherings of last year and this year the concensus of the scientists has been in favor of the hematogenous route of infection. It

is a pity that so much painstaking work, like that of Ravenel, Brem, Holmes, McFarland, Stow, Rosenberg, Avery and White and others has been lost in trying to disprove instead of in finding a technic which will be accessible to the general man and amateur. We know that the T. B. is in the blood, it has to be there just as much as the spirocheta has to be in the blood in syphilis, we need a method to recognize the presence of the T. B. readily and always.

Avery and White failed to demonstrate the T. B.; their inoculation tests failed, but why, nevertheless, should then the acid-fast organisms seen by Liebermiester and others not be T. B. Why, inspite of the overwhelming large number of inoculations?

Why is it so difficult, in certain quarters, to see the vast difference between blood which wages a natural war against the T. B. circulating in it and which has modified and attenuated the same and thereby reduced its virulence on one hand; and the same amount of culture or medium on the other hand with millions of T. B. in its most virulent form?

Eber and Broll found T. B. frequently in the milk of cows apparently well in a city where inspection is not a mere letter of the law.

Gruner and Hamburger's work is just out of press, they studied the modus of infection by subcutaneous inoculations. Their work would be still more conclusive if the inoculations had been made intravenously. But as it is, their experiments are most valuable. Their conclusions are: Some of the T. B. enter the circulation at once and therefore lay stress upon the primarily hematogenous mode of in-

fection, I. E. with the infection begins an invasion of the whole organism.

Yet, if in these inoculations blood of the afflicted had been used, the results would have been entirely negative in many cases or the process of development would have been so slow as to escape the search.

Another valuable article came from Jesson and Rabinawich and they confirm the findings of Liebermeister and therefore Rosenberger.

Luksch produced pulmonary tuberculosis in rabbits after intravenous inoculation. Others, like Haustein, report lymph gland infection away from the seat of inoculation.

At this year's Congress of Russian physicians Mansing reports the finding of T. B. in the liver without the presence of tubercles.

Simmonds can expiain only the true tubercular affection of the gall bladder by a secretion of the same with the bile and Maxson in Philadelphia was very successful in finding the T. B. in the bile, his report is worthy of study.

We know that the feces of the tubercular contain T. B. even when there is no formation of sputum or when the sputum fails to contain T. B. Philip and Foster found this to be the case in 79 per cent.

T. B. in the urine without renal lesion, or even without albuminuria, means that they were in the circulation first and that tuberculosis of the kidney is not an ascending infection but an infection due to tubercular bacillemia, Bernard, Salomon, Brogersma, Wolfer, etc.

Bertier reports at this year's meeting of the Societe d'Etudes Scientifuques sur la Tuberculose that he found T. B. in the urine, that he had to do with T. B. and no other mythical acid-fast organism is proven by the fact that his inoculations were positive in calves.

Davis accepts the hematogenesis because tuberculosis of the kidneys is most frequently unilateral. Quick explains the renal infection by an insult, trauma or nephritis which creates a locus minoris resistenciae in the kidney for the T. B. secreted with the urine.

Meinertz injected T. B. into the carotida of rabbits and ligated one ureter. In that kidney only tuberculosis developed. This occurred even if the ligature was not placed until four days after the inoculation.

An equivalent to finding the T. B. in the circulation is demonstrating same in the placenta. Through our Journal at the end of last year and early this year I reported the findings of Schimpert, and since then Novak and Ranzel found T. B. in the placenta in 66 per cent. Some were very light infections and in no case a tubercular lesion could be demonstrated in the placenta itself. This is of greatest importance. Sitzenfrey also since found T. B. in the placenta and decidua vera.

The writers frequently recognize today the hematogenous origin eo ipso; Kaiser with reference to the lymph glands, Stark to the esophagus and so on and some involuntarily recognize Rosenberger's theory of hematogenesis while opposing same.

Prince and Bain stated last month in a valuable article on tuberculosis of the nose and throat that they searched for and found acid-fast organisms in the blood of many of their cases suspected of tuberculosis; yet, strange to say, because doubt has been thrown upon the Rosenberger method they abandoned such procedures. We should think this doubt would be a stimulus to make use of every opportunity.

Years ago Jeaumel inoculated rabbits in the ears, a general infection took place as a rule even if the ear was amputated ten minutes after the inoculation; but if the ear was amputated before that time no infection followed.

Let me sum up this work on the etiology; inoculation produces general infection and tubercles in organs away from the puncture. T. B. appear in the milk, the placenta, the urine, the bile while these secreting organs are healthy. Gentlemen, I ask you, how can these T. B. be thus secreted if not in the circulating bloodstream?

Formerly the tubercle was considered the typical lesion of the disease and variations of a typical form were recognized as tuberculoids. With our modern knowledge of its etiology, imperfect at the best, we must consider the tubercle as secondary to bacillary action, a process of defense in the organism.

The primary process, often indistinct and very localised and beyond which the disease sometimes does not spread, is a form of inflammation, for which Poncet has coined the term "tuberculose inflammatoire;" tuberculous inflammation. I recall here the words of Rosenberger in his article: The route of the T. B. in infections caused by that organism. "The suggestion of Fest should be most carefully considered, i. e. the

difference between tuberculous infection and tuberculous disease." The doubt about early lesions, and especially about the so-called tuberculous rheumatism, was caused by the absence of T. B. in the affected parts. Pencet's theory that it is inflammation in consequence of the action of the toxin of the T. B. while Melchior opposes this and claims that the T. B. cannot be always demonstrated because the bacilli producing such lesions are of low virulence and vitality and are quickly destroyed by the defense action within the lesion.

This seems to be more or less a play with words. The tuberculous inflammation doubtless is the consequence of the action of the product of the T. B. This bacillary product acts upon the trophic nerves and interferes with the functions of the epithelial cells. This brings about the characteristic lesions, the new formations of finest vessels, with endovascular or perivascular inflammation, sometimes both; grouping of small round cells, leading occasionally to pseudoneoplastic formations myelophasis and the epitheloid tubercle proper with the formation of giant cells.

The giant cell has been studied by The Cajal-Golgi photo-Verson. graphic method shows in the giant cell a distinct strong net work, analogous to the protoplasmatic lattice of This is always most other cells. marked in the center and surrounded by cell-nuclei. This reticulum appears sometimes broken and then the nuclei are all grouped at one end. Similar reticula appear in the plasma of lymphocytes, fibroblasts, etc., The origin and significance is not clear, perhaps we have to deal with a regenerative process.

The tissue of predelection is the lungs, all lymphatics next, then glandular structures, but no class of tissue is protected.

The general changes are due to the toxic action of the bacillary produce, which lowers blood pressure, causes tachycardia, and interferes with the right heart.

It is a strange phenomenon that often with the activity of tuberculosis, a quiescence of valvular disease has been observed (Hay).

The weakness of the heart has been described especially by Pottenger.

The tuberculous irritation leads locally to such inflammatory conditions which simulate other changes, and, for example, Zapperl gives a casuistic of 62 cases of brain tuberculosis which only 13 times presented focal symptoms, the balance gave only symptoms of pressure or hydrocephalus.

In sheaths and tendons a hypertrophic condition is met which has the appearance of neoplasm. Forgue and Massaluan.

When Poncet, several years ago, began to speak of tubercular rheumatism, he suffered the same fate as Rosenberger, his theory found little belief. Today we recognize tuberculous rheumatism as a manifestation. It is true it is no rheumatism, it is no arthritis either, both terms are misnomers, but for the want of a modern word which describes symptoms and conditions at the same time, we do accept it for the time being. The frequency of rheumatic symptoms among the tubercular is large

and vice versa. Bernheim found that in 40 cases of acute and subacute arthritis 45 per cent presented tubercular stigmata.

Poncet's tubercular rheumatism is clinically distinct from rheumatism, but the symptoms correspond to that manifold complicated picture of what we call rheumatism.

Yet closer investigation leads us back to etiologic factors which point to a tubercular infection, not in the sense of tubercular foci but simple inflammatory process in the joints, muscles or any organ.

I believe the pleurodynias of the tubercular belong here largely and find an explanation.

Tuberculous rheumatism is a form of infection which often precedes other infiltrations and is sometimes the first symptom of the disease. (Poncet and Leriche.)

An analogy of this we find in the tuberculoids of the skin. The causative irritation is not as much the T. B. itself as its toxins which have a predelection to work directly upon the trophic nerves or indirectly by the characteristic new formation of vessels. The T. B. have reached the affected organ through the circulation and have left their toxin behind.

The literature on this subject has become numerous, especially in Europe and many obscure cases of pseudo-arthritic joints appear in their true light. The crepitation in the joints is characteristic with the absence of detritus in the fluid, and the presence there of typical vice bodies, but no bacteria are found for reasons explained before.

Among the pains we must class those painful manifestations at the time of menstruation and which give positive tuberculin re-action.

A great mistake has frequently been made to take inguinal and other glands as syphlitic. Often large inguinal glands are the very first clinical manifestation of tuberculosis, especially when only on one side. These cases need a specific test to enlighten us in the diagnosis. At the time Fest published his contribution in the above sense from the pen of Zebrowsky appeared an extensive work on enlarged glands and their diagnostic value.

Another organ which lately came into the limelight through being the seat of tubercular infection along the lines of Poncet's tuberculose inflammatoire, is the thyroid gland. He himself with Leriche has contributed largely and his pupil Alamartine has seen cases of tubercular thyroids which simulate Basedow's disease, which it often accompanies.

A manifestation of tuberculosis inflammation of the thyroid glands is a cirrhosis which often is accompanied by a like inflammatory process in the testicles.

The authors state also that exopthalmic goitres are often tuberculous by a process of dysthyroidisation, either by fault or by excess. Stumme reports parathyroid affection which showed itself by increasing struma and symptoms of Basedow's disease.

Another organ recognized now as the seat of tuberculous affection is the liver. Hanot's disease belongs to the dark past, the cirrhosis of Laenuec is no more. We shall miss both because they were so nice to use in catch questions and quizzes. It is true we never considered them two independent diseases, but we were happy to call these symptom-complexes by a name and now we have to throw those two names upon the rubbish pile and relegate same to mere manifestations of tuberculosis and sometimes lues. Alquier gives us a casuistic of cases of cirrhosis of Laenuec in which all tubercle were found. Gerandel - Wallgren - Catsaras - Oppenheimer's tests are final. He injects first collargal, then inoculates and was able to see the starcells of Kupffer in the tubercles of the liver.

While nose, ear and throat affections have long been recognized and the literature is too enormous to even attempt a review, relatively nothing new has been brought to light as far as pathology is concerned. The eye has given a better field for new knowledge.

Mikulicz' disease has been recognized by Fleischer in its relation to tuberculosis. In the glands of Krause epitheloid cells replace the glandular structure.

It is not out of order here to go back several years to the reports by Nias and Paton who found that in phlyctenular ophthalmia the opsonic index against T. B. was like that in the tubercular and that the index rises as the phlyctenular process heals.

It was already known that conjunctival processes have been observed which are similar to a phlyctenular inflammation and their histology showed a structure somewhat like that of a tubercle. This darkness brought about the doubt whether the process was of ectogenous or indogenous origin. Fact is that the principal process is below Bowman's

membrane, and the lasting defect is in the membrane itself. The epithelial alterations seem secondary, even if going like a crater to the membrane. But in the bottom of the mass of detritus is the typical formation of vessels, while the detritus itself shows no causative micro-organism. Large casuistic by Hagosky and Cohen.

Since the time Hippocrates became father of the theorem: "Ab phythisico phthisus natus est" the belief in hereditary transmission was popular, but the ax of progress is felling the superstition rapidly.

Baumgart's theory is driven back more and more. We recognize congenital tuberculosis, this congenital condition may even remain latent for a while yet germinal transmission is not proven.

The habitus phthisicus is a sign of tuberculosis but not an inherited factor. Somatic characteristics may be transmitted by heredity which will reduce the resistance of the offspring. (Meyer.)

True immunity against tuberculosis does not exist, i. e., with our present preparations and knowledge we cannot produce immunity, all that can be obtained is an allergy. According to Hamburger, artificial immunity may only mean an artificial loss of reaction.

In spite of many writers we hold that all attempts with animals failed. Beck's experiments deserve mentioning. He extracted the fatty substance of the T. B. body, like Deycke's Nastin, and worked with this but without success.

Anaphylaxis and immunity are not two opposite conditions, but they

are caused by the identical process, the end result alone is apparently different. Both depend upon the antigen and different qualitative conditions.

As anaphylaxis is caused by albumen of various origin and source it is different with animal and man and between each individual, i. e., the formation of what Friedberger calls anaphylatoxin is different with each person. The complement produces a splitting of toxin by combination of antigen and antibody (Friedmann); we have a titre of one, but not of the other.

The chaos is great. (Anderson and Frost, Doew, Briedl.)

There is, for example, a dispute between Bauer and Helmholtz who claim that by the serum of tubercular man and guinea pigs a oversusceptibility is transmitted to healthy guinea pigs, and Joseph, who claims tuberculin, even in the healthy guinea pig, will cause a rise of temperature and that guinea pigs are treated with the serum from infected source will react negatively.

Orsini claims that Koch's tuberculin, injected intraperitoneally produces mostly an anaphylaxis against Koch's but not against other tuberculin or against the same if injected by another route.

He claims that the action of Befanti's tuberculin is different.

The large field of contributions to the opsonic index against tuberculosis and its value, liagnostic and prognostic, is difficult to sift. While there is much enthusiasm in certain quarters we can safely deduct from the whole bulk of the work; that all these tests—opsonic, complement, agglutin, precipitin,—are so complicated as yet, so varying with the individual operator and his staff, that they have no great clinical import for reliable clinical purposes; but there is no doubt that a safe procedure will be established in course of time.

More so than before the fact becomes recognized that clinical methods alone are insufficient to diagnos ticate a disease of such variations and frequent obscurity. In regard to pulmonary tuberculosis of greatest importance is the diagnosis of sopre-tubercular conditions. called which are mostly manifestations of the toxic influence mentioned when reviewing the pathology and which manifestations are often the same in tuberculosis of other organs and in para-tubercular conditions: namely, gastric disturbances, algioscopy, pallor of skin without corresponding loss of hemoglolin, tachycardia, irregularity of heartbeat, lowered blood pressure, dysmenorhea, etc.

In pulmonary tuberculosis we have to adhere to auscultation and percussion. A valuable addition is Pottenger's slight touch percussion. Beng calls our attention to the fact that apical dullness may not be tubercular, especially if over the right side.

Freund's and Groco's sign may have some value but they were overestimated. The Groco paravertebral triangle has been found also on the affected side. (Gautz.)

Ewart finds in children under ten fine rales just outside the mid-clavicular line in the 5-6 intercostal space,

The value of impaired or indistinct breathing as a sign has been exploded. Prolonged expiration may be

physiological. Baumann describes a sound, craquement sec, which, if cough does not dislocate it, is pathognomic.

Atelectasis may produce rales which are misleading.

More importance is given now to Kroenig's sign because only tuberculosis will produce this slowness or immobility of the diaphragm.

In pulmonary tuberculosis the blood pressure is lowered on the affected side.

Freund's habitus is disproven. (Hofbeuer.)

There remains only the specific test, which in connection with the finer clinical methods will prove the nature of the disease, but this is not ideal yet because we need a means to allow us to differentiate between active and quiescent tuberculosis in a manner which leaves no doubt. Kock's tuberculin stands the highest but all tuberculin will answer provided their titre is attained.

The value of skiagraphic diagnostic has been brought to prominence more and more, not only for the early recognition of the disease when foci can be seen which show no other sign, but also, and perhaps mostly, to recognize by nature, density and arrangements of the shadow, the pathologic anatomy of the disease. To recognize these pathologic changes in the living is an ideal of diagnostic study and here skiagraphy finds its place. (Arnsperger-Rieder-Skinner.

The hope that cytodiagnostic examinations of the sputum would become of value, as advocated by Wolf-Eisner, has been in vain and the work of Eisen and Hatzfeld prove these methods as unreliable.

The chemic value has been recognized lately again by Falk and Jedesco inasmuch as the secretion of the bronchi is mucin rich, while rich in albumen when from the pulmonary parenchyma.

In the demonstration of T. B. the fact that the Ziehl method is imperfect has become generally accepted. Ziehl and Gramn and Gram and violet are better. Antiformin and legroin are used extensively to prepare the Masenti, Lier, Seeman, sputum. Weihrauch, Haperodt, Lange, Nietsche, Krouberger's contributions are especially valuable. When examining the blood preparing with anti-formin has been found useful. Lippmann, Staubli, Schnitter, etc.

The study of the cells according to the system of Arnett, Dloski, Rospedzihowski is too crude yet to be of value in the practitioner's hands. For the student it promises an opportunity of developing some progress of prognostic value.

The findings are:

In miliary tuberculosis:—anisohypozytosis.

In subacute forms—which extends through bronchi and lymphatics or with high fever causes death within few months:— anisonormozytosis occasionally anisohyperzytosis.

In chronic forms — with afebrile condition, good general condition, only unilateral apical infiltration, the picture of the blood not materially altered usually a anisonormozytosis.

In chronic forms — with cavities, copious secretion, emaciation, a higher leucocytosis—anisohypercytosis.

When speaking about tuberculin it is necessary in order to be understood to define my conception of it. I

consider tuberculin not to be a toxin, nor endotoxin, but a preparation containing a body related to the aggressin of the T. B. While we have the titre of the preparation itself, we have no standard of the criterion of its action beyond that of clinical symptoms and we must admit that such criterion is rather vague.

In the Kaiserliche Gesundheitsamt Weber and Dieterlen made very extensive experiments about the comparative value of tuberculin from human and bovine strains and came to the conclusion that there is no difference in the reaction value of the two provided both have the same titre. Kraus and Volk experimented on monkeys and found no difference in the reaction of human and bovine product.

Hamburger makes the statement that if a child gives a positive reaction there exists, under all circumstances, a tubercular focus. It is seldom that a reaction is negative and yet an infection.

New methods of application have been introduced but the old method subcutaneously remains as the most reliable and begins to cede gradually to the intravenous application. Mendel lays stress on the fact that intravenous administration produces no local irritation.

In the question of treatment the hygienic stands above and many of the successes attributed to specific methods and medications are due to the change of the patient into hygienic surroundings, fresh air, good food and rest. These are the cardinal points.

The last International Congress brought out the value of climatic treatment, and the cool altitudes are of greatest benefit for the majority of cases.

Bernstein gives a study of 927 cases of all classes and of 23 nationalities. He comes to the conclusion that hemorhagic tendencies are less marked in high altitudes.

During this year's International Congress of Physiotherapy the value of high altitudes in reducing fever was recognized.

Ruge reports lasting results, good health, ten years after arresting the disease in high altitudes.

Egger, Zung, Lewy, Moeller, Cospari, Clahn, Bogdanoff.

Webb-Williams found that at 6000 feet elevation the mononuclear increased 30 per cent—a real lymphocytosis which has been recommended so highly to be induced by sodium cinnamiate, nuclein, etc. Fuchs Wolfering's precipitin tests rise in the altitude.

Glahn, the old advocate of hygienic—for body and soul—and climatic treatment, explains the benefit of altitude by the influence upon the internal chemistry of the cell, readjustment of tension and consequent cell reorganization.

While the specific treatment in its present form and with its present means is far from ideal, from all means and methods, it represents the most scientific form and is borne out by statistics. It is difficult to reach the facit from the enormous amount of publications, which deal with many preparations, change of methods and variety of indications and often present no pure test at all.

It has become recognized that, to bring the best results, the proper general conditions must be procured which, as a rule, mean treatment in an institution, yet some authors with large experience, like Moller, claim that the results obtained with specific treatment in ambulatory cases is like the results obtained in institutions.

The enemies of specific treatment have become much less, it is a good sign of progress that many of these have changed their attitude from hostility to reserve and certain amount of scepticism.

Tuberculin would have less opposition if a standard would apply, based upon recognisable methods, be it bloodcount, temperature or any test, but so far we must individualize and find out the personal and individual equation separately.

The belief that tuberculin is dangerous because it releases T. B. into the circulation becomes a fairy tale. We recall the old dispute between the two greatest scientists of their days. Virchow and Koch. The last large Congresses — Washington, Budapest, Helingsfors, Wiesbaden, Brussels,have given tuberculin the suprem and the acv over other methods Koch preparation T. A. and T. E seem to be accepted more generally as most efficacious, especially by leading phthisiologists like Bandelier, Roepke, Horol. To great popularity, especially in Slavish countries, came endotin or tuberculium purum which is a modification of T.A. Astonishingly good results are reported by Slatowerkownekow, Blumenan, Twanow in Bulgaria, Hirschberg, Michaelowa. It is considered contraindicated when the fever reaches above 38.5. The dispute is opened again about large or small doses. The concensus rests for small doses and

there is a tendency to attempt the reduction of the continuous fevers by the systematic administration of smallest doses.

Many new preparations come into the market.

Citron claims that a tuberculin prepared by Meyer is so sensebilisated as to produce hardly any reaction.

Sparigia reported at the International Medical Congress a new tuberculin in which the toxin is combined with iodin, called Sierosina, which gives no reaction.

Rothschild prepares a polyogenous preparation by combining several.

The I. K. has lost favor.

Doyen has a new preparation which is tested over in the Paris Pasteur Institute for which he claims a future, he calls it mycolysin. It is a polyvalent colloidal extract with tuberculosis vaccines.

Finally we have to report Rosenbach's new creation, which is a tuberculin made after treating the T. B. culture with trichophyton holosericum album. This microsporon seems to prefer T. B. culture as habitat and reduces the virulence of the same. By this process a product is expected with modified toxic effect.

For a while it seemed that Hg. would be a specific, the results of Wright, however, are not substantiated all through. Lately Harly comes to the conclusion that the Hg. treatment is not only ineffective but also harmful. This statement goes too far and the statistic of one single man is not conclusive. The majority of those who have used Hg. and among them the writer, believe that Hg. is of a certain value in certain cases.

The fact that pregnancy is a seri-

ous complication in tuberculosis is about as old as our knowledge of the disease. Of late this subject has found more attention especially since Kutter called our attention to the vital course taken so often by laryngeal tuberculosis when complicated with pregnancy. The dangers are two-fold (Fischberg) not only by the influence of that condition upon the disease, but also by the fact that pregnancy, while originally a normal physiologic condition, now-a-days is favorable for infection.

Of healthy parents 3 per cent of the children develop an early tuberculosis but 21 per cent of the new-born from a tubercular mother fall victims very soon.

Kreive reports that pregnancy influences the disease in 90 per cent of the cases, and again, of those who survived in 90 per cent the partus was followed by fatal exitus. This justifies a restriction of marriage for the tubercular woman and most countries are considering such (Gebser).

But the restriction is limited. What about those who are married? Ways and means ought to be found to restrict the danger to the married woman and provide for the human society by prevention of the birth of those who are condemned to succumb as being unfit. The sexual instinct cannot be curbed except by few and the physician has a right to instruct in this matter.

Some go further and have found applause, so Flatan, when he suggested sterilization of the woman by obliterating the ampullae.

The question of how to treat the pregnant tubercular is serious. It requires some amount of moral con-

viction and strength to take a stand and to live up to it.

All physicians agree that pregnancy is dangerous (Albeck) and the concensus of opinions the world over now is what Beourgeois dared to advocate as much as 400 years ago: induction of abortion. It is true that now and then a voice sounds against it, mostly based upon sentimental or religious reasons. The physician has to consider what is best for his patient and what is best for human society.

The Congress of tuberculosis practitioners held June 10th of this year advocated abortion. At the Congress at Helsingfors the referee on this subject, Rode, gave as rule that each case be considered individually. interruption is indicated without reserve if the woman is under 30 and the pregnancy not advanced over 12 weeks. I fail to see what the age of the patient, or, in many cases, the stage of a serious complication, has to do with the question under discussion. More logical is the teaching of Bukejewsky, who considered the circumstances of the patient: For the poor the rule is abortus inductus and for the pecunious he advised wisely, -wait! Kiewe's rule is to watch. Is the disease progressive? then interrupt. Laryngeal affection and poverty are absolute indications. If the disease is too severe make the confinement as easy as possible (Jenkins.)

This paper is to be a critical review and I feel free to state, in spite of your possible disapproval, that in many cases the interruption of the pregnancy is a half measure only. How about the future? I believe that

the woman, when she is in an early stage and when there are chances for a period without invalidism, to sterilize her at the same time.

Scherchewer reports 11 cases in which, instead of inducing abortion, he totally extirpated the pregnant uterus with the adnexae. He did his operations in lumbar anethesia.

Martin also teaches to remove in light cases uterus and adnexa.

By this method not only the danger of a new conception is removed, but, at the same time, the removal of the ovaries will increase the general nutrition.

While etiologically and at first a disease of hematogenous origin, tuberculosis often is limited to certain organs and then it comes into the kingdom of the knife.

The tendency is to declare pulmonary tuberculosis a surgical disease, and it is so without doubt, but our thoracic technic, although improving constantly, has not opened this field beyond experimentation.

Pneumotectomy so far has a high mortality during the operation, 14 per cent and only 30 per cent showed any benefit from the operation (Karewsky). To attempt such interference one is only justified if medical and physiologic treatment is without any benefit and provided that one side is healthy or at least very little affected.

Thoracoplasty is under serious consideration and the various methods Freund, Brauer, etc., are undertaken with encouraging results and deserve more followers. Immobilisation of the thorax has a scientific basis (Pauchet, Brauer.)

The most popular surgical meas-

ure is the artificial pneumothorax. The older method of Forlanini is becoming obsolete (Muralt) as being dangerous and the incision methods of Brauer find more supporters. (Spengler, Leumont, Lew, Wenckebach, Balvay, Arcelin.) Bruns has studied the open pneumothorax in animals and concludes that it can produce healing of a diseased lung not only by placing the diseased lung in a position of absolute rest, but also by producing an increase of the fibrous tissue through the artificial atelectasia and promoting thereby the incapsulation of the focus.

Tuberculosis of the peritoneum offers good results. Heilmann reports 36 cases of laparatomy which all improved and of which 54 per cent seemed to be cured. He combines specific treatment.

Glands need removal, but X-ray and high frequency have strong advocates and with the uplift given to electrotherapy during the last year, these applications find well-founded support.

Nephrectomy of the affected kidney, if only one of the organs is effected, is the proper procedure. From 58 per cent the mortality has been reduced to 11 per cent. Especially here the writers lay stress upon the importance of specific therapy.



Therapeutic Value of Altitude in Pulmonary Tuberculosis

From a clinical standpoint, this question seems to be answered in the affirmative. Tubercular patients are sent to the mountains, just as we send our patients with other chronic diseases to the various medicinal springs that are supposed to be suited to the particular complaint; and while in the great majority of cases it has been found that the waters do not posses the medical virtues imputed to them, or else those same medical properties are not curative of the disease in question, we still continue to send our patients to them because we have found that they are helped or cured with much greater facility than we are able to accomplish at home. In the same way, patients with tuberculosis are sent to an altitude, because it is found that they improve more rapidly, and stand a better chance of making an arrest or cure than they do at or near sealevel. Whether this is due to altitude itself, or to accompanying climatic conditions is a matter of small concern to the patient whose only objest is to go where he will have the best chance to get well.

However, there is a pretty general belief in the value of altitude in pulmonary tuberculosis. This has been fostered to a great extent by the advertising matter put out by the various sanatoria, in which altitude is usually given prominent mention as a factor in the treatment. On the other hand there are those that not only deny the value of altitude in this disease, but also claim that it is positively injurious, and that the improvement that occurs is due to other

climatic conditions and better methods of treatment, in spite of the altitude.

There is no doubt but that certain weather conditions are necessary for the most successful treatment of tuberculosis. These are as a rule found far inland, and at a considerable elevation above sea-level. Excess of sunshine, a dry pure atmosphere free from dust, smoke and other impurities, scanty rainfall, absence of fog, a porous soil affording perfect drainage and a temperature sufficiently mild to permit a constant out-door life are some of the factors that may be mentioned. The vast Rocky Mountain region extending from northern Colorado far down into old Mexico fulfills these conditions to a remarkable degree. Here are found a very wide range of latitude, temperature and elevation. Patients with tuberculosis are successfully treated at Phoenix with an elevation of a little more than one thousand feet, and at Silver City and Santa Fe with an elevation of six or seven thousand feet. and even at much higher altitudes; in northern Colorado where the thermometer falls far below zero in winter, and at Mexico City, within the borders of the tropics. Every region has its own advocates, and there is a class of cases to which that particular climate is best suited: and it might be added that there is sufficient diversity in this region to suit all classes of cases.

Clinical experience seems to teach that patients do better at a moderate elevation than they do in lower altitudes, other things being equal, but it is doubtful if they are ever equal. Smoke and dust settle more rapidly where the air is lighter, and there is a tendency for them to float down into the valleys and accumulate there.

In regard to the physiological effects of altitude itself, it is remarkable how little positive knowledge we have on the subject. Out of a vast amount of research a few facts have been established which may be accepted as free from error. In a general way, altitude or rarefied air may be said to be stimulating in its effects. The action of the heart and the organs of respiration is increased, nutrition is stimulated, especially under exercise, and there is a decided stimulation of the nervous system. In nervous subjects this may amount to irritability, followed by depression. The actual number of red blood cells is increased. According to Sewall of Denver they increase rapidly in number up to the altitude of about six thousand five hundred feet, then more slowly to thirteen thousand feet, and afterwards very slowly indeed.

The changes in the blood and their significance have long been a matter of dispute, and much yet remains unsettled. The change from a lower to a higher elevation is followed almost immediately by an increase in the blood-count, much more quickly than it would be possible for an actual increase to take place. This count being made from the superficial vessels, it is claimed that in the blood in the large vessels in the internal organs that the number of corpuscles is diminished. It is also probable that there is a congestion and a determination of red cells in the capillary vessels in the lungs. In a short time, probably within a month, the actual number of red corpuscles and the amount of hemoglobin is increased, and the exaggerated action of the heart and respiratory organs is very much reduced if not restored to nor-This has led to the attractive theory that the increase in the number of red cells is a compensatory process; and while there is much to support this theory, there are certain facts that must be reconciled before it can be accepted. Oxygen unites with hemoglobin in loose chemical combination, and is given up to the tissues according to their needs. There is plenty of oxygen contained in the air in the lungs to saturate the hemoglobin, even at a greatly reduced pressure, and when it is carried to the tissues only a portion is taken up by them. If it could be established that the association or dissociation of oxygen is modified air pressure in the lungs it would go a long way toward solving the problem, but unfortunately this point is still unsettled. But, however this may be, it would seem that the instant the corpuscles are engaged in passage through the cap-Illaries in the lungs they would take up less oxygen under a lower pressure, and the amount in this case would be proportional to the pressure. This might be compensated in two ways: First, by increasing the congestion in the lungs so that more blood will flow there, and second, by increasing the number of red cells. The former would demand increased work on the part of the heart and respiratory organs; the latter would reduce this extra demand, and would be in the way of a real compensation. That changes of this character do take place seems to be established by the clinical facts.

At an altitude of three thousand feet the expansion of the air, and the consequent decrease in pressure is approximately one-ninth; at five thousand feet it is one-fifth; at six thousand feet it is one-fourth; at seven thousand five hundred feet it is one-third, and between ten and eleven thousand feet it is one-half.

Assuming four and a half millions as the normal blood-count at sea-level this would require five millions at three thousand feet, five and a half millions at five thousand feet, and six millions at seven thousand five hundred feet. These figures will show very nearly, what actually takes place in a healthy person.

Of late it has been claimed that the red as well as the white corpuscles contain an immunizing principle, and that it is to this that the remarkable results of altitude in tuberculosis that sometimes occur, is due. All of our hope lies in this direction, we are anxiously awaiting further confirmation. This subject is too difficult and vague for consideration in this paper, and will be left for the learned gentleman who is to open the discussion.

It is never safe to draw conclusions. That there are two sides to the question of altitude cannot be gainsaid. Any factor as potent in its effects on the system as a considerable change in atmospheric pressure cannot help but work for harm, if misapplied. It is evident that in the presence of a weak heart, or much inflammation or ulceration in the lungs, anything that will add greatly

to the strain on these organs will be attended with considerable danger.

The climatic conditions, most favorable to the treatment of tuberculosis, including the stimulating effects of altitude itself are found in the higher altitudes. The ordinary patient with tuberculosis, if not too far advanced, can go with comparative safety to an altitude of not more than six or seven thousand feet. However, every case is a law to itself in this regard. Patients who are in constant distress in a higher altitude are made perfectly comfortable by going one or two thousand feet lower. It is probably a question of compensation, and co-ordination between the blood-making organs, and the heart and the respiratory organs. After a considerable hemorrhage in a healthy person, the cellular elements of the blood are very quickly restored, and a change to a higher altitude is promptly followed by a corresponding change in the number of red corpuscles. Upon how far the tubercular subject is able to respond to a change of this kind will depend his ability to avail himself of the benefits of altitude.

Very few patients are barred from an altitude of two or three thousand feet, and the great majority will experience no difficulty at four or five thousand feet. At three thousand feet the work of respiration is increased one-ninth, which is practically a negligable quantity. An increase of one-fifth at five thousand feet will be borne by most patients under proper rest and careful supervision, but an increase of one-third at seven thousand five hundred feet will tax a considerable number of even healthy persons.

Education of the Consumptive in Home Care*

In this great Association for the study and prevention of Tuberculosis, physicians have joined hands with laymen in a mighty warfare against that dread monster the great White Plague.

Its fundamental principle is education of the layman concerning the nature of the disease, the means of its prevention and the general hygienic measures conductive to its cure, and a magnificent campaign has been carried on along these lines. Only through this resulting intelligence and universal co-operation of the individual victims shall we ever succeed in conquering this foe, for, in the final analysis, it is in the hands of the consumptive himself that lies his own fate and that of all its possible future victims.

This educational work as carried on by the association can scarcely be criticised, but can we say as much for the work along these lines of the physician in his direct relation to his patient?

My attention was called to the enormous neglect of this work by contrasting the habits of two patients who had come to this state for the benefit of climate (neither one a patient of my own), which shows one of the causes for the deplorable carelessness, resulting usually from ignorance, and also the value of sanitorium life as a matter of training concerning self-care.

The one patient had contracted the disease about a year ago in a very acute onset from which he rallied to be "sent west" by his physician, who

had given him no instructions, except to use lots of raw eggs, and on the other hand telling him he need not use care concerning the disposal of sputum, as it was not dangerous in this sparsely settled country! Nothing regarding the right kind, time and amount of exercise.

The result was, that, while he did take the raw eggs, the rest of his diet was bad, consisting of bacon three times a day, seldom fresh meat and a sameness that would ruin any appetite.

He expectorated *any* place and every place and was careless of hours of sleep and rest, exercised violently at times (usually the wrong one) and lay around doing nothing much of the time he *should* have been taking *mcderate* exercise. He paid no attention to temperature.

The result of these careless habits necessarily was the exposure of hundreds of others to infection, and a deliberate throwing away of his many chances of recovery.

The other patient had suffered from the disease two or three years, had been in a serious condition and suffered much loss of tissue. spent many months in as eastern sanitorium. She looked plump and had As to habits: she lived good color. in a board shack, remaining out of doors entirely every possible moment. Her husband cooked the meals and did most of the house work. When he had prepared a meal she came into the house, rinsed her mouth with dioxogen, took two raw eggs, and then ate heartily of fresh rare cooked steak, drank milk, or chocolate made with milk, and selected other articles of diet according to high nutritive value, and a minimum of digestive effort. Immediately after eating she washed her own dishes in her own pan, using separate towels, then went out of doors. She used a sputum cup religiously. If any rise of temperature appeared, she lay down until it was over. Nothing in domestic duties or pleasures was allowed to interfere with her main business of getting well.

I could see in this patient a tendency to be somewhat selfish and tyrannical as a result of her training, but *let* her, for *only* in this way can the consumptive best serve humanity.

This case spells to me the incomparable value of sanitorium treatment as a matter of education. The other demonstrates the deplorable and inexcusable carelessness of many physicians who because of greater knowledge, or opportunities for such knowledge are most blameworthy.

Think of the opportunity to aid in such a direct way the educational work of the association, carried on at such enormous expense and seldom reaching the exact spot, and never with such force as that coming direct from the physician and adapted to the individual patient and his needs and circumstances.

Certainly each poor victim who comes under our care has a right to claim from us the *utmost care* in impressing upon him the importance to himself and others of those things which he *can* do, and then if we cannot appeal to his regard for others there is always his instinct of self-preservation to fall back on.

The physician should in all cases, except the few blessed with adequate financial resources, step over his bounds of mere physician and become a friend and financial adviser as well, acquainting himself with all the limitations in his circumstances, and they are usually many, and carefully adapt the regimen to the limits of the possible. At the *same* time we must be *making possible* more conditions necessary to cure through government support and public and private charities.

It is to be hoped that many more wealthy victims will follow the example of the late Mr. Patton in leaving private fortunes to this cause.

Of course we, as residents, in an incomparable climate for the treatment of the disease, have better opportunities than the eastern man of observing all phases of the disease, but he has more acquaintance with the venereal diseases than we have.

This geographical position gives us abundant opportunity to criticize our eastern brother, but can we not do something more effectual by establishing a closer relationship with him and win his confidence so that he will not indefinitely "send his patients west," telling them that climate will cure them and merely to live out of doors, take lots of exercise and keep away from doctors, in the absurd notion that ability is confined to the cast!

His knowledge of climatology is wonderfully lacking, and suggests a field for the work of the association in disseminating literature on climate of all parts of the country having a reputation for being beneficial to tuberculosis with *emphasis* on the ef-

fect of different altitudes and other conditions of heat, cold and moisture in certain stages of the disease and heart conditions.

Climate resembles drugs:

- 1. In that the right kind must be selected for the particular case and errors are due to ignorance of climatology.
- 2. In that dosage and time of administration must be adopted; and,
- 3. It may kill as well as cure unless administered with the greatest care. To this fact our large crop of undertakers can testify. And this in face of the fact that our climate is incomparable for the majority of cases at the right time, and in conjunction with other therapeutic and hygienic measures. The trouble is it has been wrongly applied through carelessness or ignorance, just as drugs often are, and we have abundant opportunity to observe these errors.

Count on your fingers—you will need only one hand—the patients you have known sent here at the right time and with correct instruction as to their mode of conduct. Contrast with these the countless numbers who come here exemplifying all the ignorance and carelessness of the patients themselves and the physicians who send them without a single weapon with which to fight for their lives.

At this point I should like to insert the last few pages extirpated from Dr. Flynn's excellent paper of yesterday beginning with the causes for inadequate sanitation due to the "apathy of the physician and the ignorance of the public" and apply it to this region in reference to preventing the dissemination of tuberculosis

among the permanent residents, and also to consider means of making better provision for the poor victims themselves.

It is up to us—the physicians of these two new states—to make some move. What can it be? It must be the work of the county societies. It might begin as a revival of interest among ourselves only instead of the purely local work as is Dr. Flynn's object, it must have an extension course in the great East, so that after we have prepared adequate legislation to control the situation from a sanitary standpoint, we could appeal to the East to make some provision here for the dangerous paupers she is sending here to die and menace the health of our own citizens.

One of the first steps to this end might be the appeal to the eastern physician to become better acquainted with our country and us. Then let them originate a campaign among their own philanthropists to do something after the plan of the rebuilding of Valmora of which we need hundreds.

What an economy it would be to the east from a standpoint of both life and money to establish sanitoriums all over the country and absolutely care for her indigent consumptives just as she compels segregation of small-pox patients.

A bureau of information concerning different parts of the country, giving the climatic conditions and the accommodations to be had for individuals and families who wish to live in a private way, giving all the economic conditions, would be an immense help to thousands who are now scattering the disease broadcast among

the susceptable native population and also ourselves. These dangers can be minimized by *adequate* sanitary laws.

Because we as physicians *know* these things and as New Mexicans recognize conditions which the East is ignorant of, it is a moral obligation

we owe humanity as guardians of its health to improve conditions here and then acquaint the East with these conditions.

Therefore, let us as county socieues make the first move toward a possible and much desired goal.

-Evelyn Fisher Frisbee.

A NEW LINE OF PARKE, DAVIS & CO.

"Everything under the sun for physicians" might be suggested as a motto not inappropriate for Parke, Davis & Co. The thought is prompted by the recent incursion of the company into the field of surgical dressings. It was something like a year ago, if we mistake not, that Chloretone Gauze and Formidine Gauze were launched in modest fashion, the purpose evidently being to let them find their way into the medical armamentarium in the natural order of events rather than by artificial fostering. Their reception by the profession must have been gratifying, for the line soon began to expand. Now it numbers six gauzes and tapes, and we note a disposition on the part of the company to bring them more prominently to the attention of physicians. For this reason a word or two in explanation of them may not be out of place.

The line includes Chloretone Gauze, Formidine Gauze, Formidine Tape, Adrenalian Tape, Plain Tape, and Anesthone Tape. What has been said of the therapeutic properties of Chloretone, Formidine, Adrenalia and Anesthone (and most physicians are well acquainted with these products) is applicable to the surgical dressings.

Chloretone Gauze applied to raw surfaces exerts an anesthetic and antiseptic action, promoting the comfort of the patient. It is markedly useful in extensive burns. Formidine Gauze takes the place of iodoform gauze. It is more actively antiseptic, does not stain the clothing, is non-toxic, and is practically odorless. Formidine Tape, which comes in two widths (1/2 inch and 11/2 inches) is used for packing cavities antiseptically. Adrenalin Tape, supplied in 1/2 and 11/2 inch widths, is serviceable in tamponing cavities to check hemorrhage. Tape, which also comes in the two widths above mentioned, is used for packing and draining small wounds and cavities. Anesthone Tape is serviceable in the various forms of nasal hyperesthesia. All of the tapes are double-selvaged and when removed from wounds do not leave short threads to cause irritation.

Parke, Davis & Co., issue a small pamphlet descriptive of their medicated gauzes and tapes. Physicians who have not received a copy are advised to write for one. The dressings are pretty generally carried in well-stocked pharmacies.

In Pneumonia and Typhoid Fever the whole question of treatment is one of expectancy. There are no specifics and therefore the physician has to exercise his skill in keeping the heart of his patient going until the disease runs its natural course and ends by crisis or lysis as the case may be.

"From the incipency of this disease, to end through the convalescence, the condition of the heart is a haunting concern." (Dr. Frank S. Meara, N. Y. Medical Journal, Jan. 8, 1910.)

"All treatment is of no avail if the heart is not watched closely, here lies our success or failure." (Dr. W. H. Kahrs, American Medicine, June 1910).

In Digalen the physician has a valuable aid in the natural cure of these two ailments, for by its deep intramuscular injection, or its administration by mouth or rectum, the enfeebled heart can be toned up and cardiac syncope avoided. Furthermore, the marked hyperleucocytosis which is said by Mirano ('Reforma Medica', No. 23, 1907) to be produced

within 7 or 8 hours after the injection of the Digalen, and which becomes nearly doubled in the next 24 hours, is an important factor that ought not to be forgotten in the treatment of pneumonia, typhoid fever and the infectious diseases.

Dr. M. Hartwig, Buffalo, N. Y., Consulting Surgeon, Erie and other Hospitals, makes this statement, "Digalen has given me, in a few positively desperate cases, such unmitigated satisfaction that I am perfectly willing for the profession to know of my indorsement. I am convinced that in any case of defective heart compensation where Digalen fails, no remedy known today will accomplish anything."

Digalen is a sterile solution of Cloetta's soluble digitoxin and is marketed by The Hoffman—La Roche Chemical Works, New York. Samples are furnished to physicians on request.

GRANT COUNTY MEDICAL SOCIETY

Drr Westlake has moved his offices into the Sheridan row.

Dr. Lank, assistant physican at the Sunnyside Sanatorium, spent the holidays in Denver.

Dr. Sands, formerly assistant physican at the New Mexico Cottage Sanatorium, has given up his position and has moved to Las Cruces where he will enter the general practice of medicene.

Dr. J. S. Might, of Pennsylvania, has accepted the position left vacant by Dr. Sands.

A sanatorium for colored people has been opened at Silver City.

At the regular meeting of the Grant County Medical Society held January 7th, the following officers were elected for the ensuing year: President, O. T. Hyde: vice-president, F. P. Whitehill; secretary treasurer, L. S. Peters; delegate to state society, William MacLake; alternate, O. T. Hyde; Censor for three years, O. I. Westlake.

From now on a scientific program will be given at each meeting. At the next regular meeting Dr. G. K. Angle will read a paper on Influenza and Dr. Bullock will read one on the Influence of Influenza on Tuberculosis.

Dr. O. J. Westlake has recently returned from El Paso where he underwent an operation for Otitis Media. The doctor is much better and is able to attend to his office work

Book Review

A Textbook of General Bacteriology by Edwin O. Jordan, Ph. D., Professor of Bacteriology in the University of Chicago, and in Rush Medical College. Fully illustrated, 556 pages. W. B. Saunders Company, Philadelphia and London.

The compass of this book can the hardly be expected to meet worker. ofthe advanced Bacteriology is applied to more uses than those in medicine, but the general questions have been At the same time this met fully. book is far more than a simple guide for the student; it is practical and sufficient for the routine of the gen-Bibliographical eral practitioner. references are given in a way to enable the interested reader to make further studies.

The Practical Medicine Series—Vol. III, Materia Medica and Therapeutics — Preventive Medicine — Climatology, by the Year Book Publishers, 40 Dearborn street, Chicago.

This is one volume of the ten published during the course of one year. Each volume is complete for the subject of which it treats. The series is published for the general practitioner, but the special subjects are treated in separate volumes enabling those interested in such special subjects to buy only the parts they desire. The price of the whole series is \$10.00 and of the volume \$1.50.

A Text-Book of Nursing, by Margaret Frances Donahoe, Superintendent of Nurses and Principal of Training School, Philadelphia General Hospital, D. Appleton and Company,

New York and London, 1910.

The book is designed primarily for the needs of the nurse in training, as a groundwork on which may be based a more thorough knowledge of the various subjects connected with modern nursing. This is the aim stated by the author in the preface and the little work covers the ground well. Now and then she transgresses from her noble aim and gives medical instruction, a weakness of the nursing ladies met so frequently. Some times one can get the impression that one is reading a "doctor-book" designed for the laity. The nurse is to carry out the physicians instruction, it is immaterial for her to know just why. The operating room technic may be just the hobby in that one particular hospital, but we should hate to depend upon sterile catgut according to the description there. However the book is so helpful in general that we will overlook the smaller transgressions, especially for urging strict discipline in the operating room.

Symptomatic and Regional Therapeutics, by George Howard Hoxie, A. M., M. D., Professor of Internal Medicine and Dean of the Clinical Department in the School of Medicine of the University of Kansas, etc., etc., with fifty-eight illustrations in the text, 499 pp.—D. Appleton and Company, New York and London, 1910.

We have been taught that disease must be treated according to the *causa* morbi, we have been listening to the strong advice never to treat symptomatically; yet we meet at this late day, a text-book on symptomatic

therapeutics. The statements in the preface conflict with the title, so does the whole work which is just a small treatise on treatment,—not symptomatic but at large.

Under regional treatment in phthisis altitude is mentioned and we are surprised at the want of information about New Mexico.

ation about New Mexico.

The contents are timely and therefore the book is a good, compact handbook of treatment. It jars our sense of order to see some formulae in Latin, others in English and some in neither. Occasionally the metric system is used, occasionally the antiquated and sometimes both. We ought not to forget that the apothecary's system has been abandoned officially, that a bool; published in 1910 ought to recognize this fact, but it is justifiable to add to the only standard system the old system in brackets for the benefit of those who cannot learn.

Notes from County Societies

The Eddy County Medical Society met at Dayton, N. M., December 15th, and elected the following officers for 1911.

Pres.—Dr. M. B. Culpepper, Dayton, N. M.

V. Pres.—Dr. W. G. Cowan, Carlsbad, N. M.

Secy. & Treas.—Dr. E. S. Furay, Lakewood, N. M.

Censors—Dr. M. P. Skeen, Artesia, N. M., Dr. H. F. Parr, Carlsbad, N. M.

Owing to our membership being badly scattered we endeavor to meet in the towns on the R. R. so as to give all a chance to be present at the next meeting which goes to Carlsbad.

Papers were read by Dr. M. B. Culpepper on Typhoid Fever and Dr. F. M. Smith of Artesia on Vertigo.

Dr. J. Dale Graham accompanied Mrs. Graham to San Diego where she is to spend the winter.

Dr. E. S. Furay, Secy.

The annual meeting of the Santa Fe County Medical Society was held on the evening of December 12th, and the following officers were elected for the ensuing year.

Pres.—Dr. Friend Palmer, Cerrillos.

Vice Pres.—Dr. J. A. Mossie, Santa Fe.

Secy. & Treas.—Dr. J. M. Diaz, Santa Fe.

When the meeting adjourned a banquet was served and so much enjoyed by the members that it was decided to establish this as acustom at the annual meeting.—J. A. R.

Roswell, New Mex., Dec. 20, 1910. Whereas, death has removed from our midst the beloved wife of our brother, Dr. E. M. Fisher, therefore, Be it Resolved; That the sympa-

Be it Resolved; That the sympathies of the members of The Chaves County Medical Society be extended to our worthy brother and his family; that this resolution be spread upon the minutes of the society, a copy sent to Dr. Fisher and also a copy sent to the New Mexico Medical Journal, for publication.

H. A. Ingalls, R. L. Bradley, W. C. Buchly, Committee.

THE CLIMATE OF NEW MEXICO NATURE'S SANATORIUM FOR CONSUMPTIVES.

"New Mexico as a resort for Consumptives has the following advantages:(a) Altitude; (b) low relative humidity; (c) large percentage of sunshine ; (d) cold or cool nights; (e) moderate wind movements; (f) small precipitation; (g) rarity of fog 'h) pure air; and (f) drained soil with low percentage of soil moisture."

Title and Quotation of an Article by

PAUL M. CARRINGTON, Surgeon P. H. & M. H. S.

"In general, the climate (of New Mexico) is such as to permit outdoor work and outdoor life the year around under conditions that are comparatively comfortable and pleasant."

Quotation from Report by

Professor HENRY, Bulletin Q. Department of Agriculture.

"In the true climatic sense, the high-altitude treatment received great limpetus from this Congress (International Congress on Theoreulosis, Washington, D. C.), as accomplishing the greatest good for the largest number...... Climatic treatment of itself, without hygiene, was known to be the cause of recovery......."

Quotation from

ARNOLD C. KLEBS' Book "TUBERCULOSIS."

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EDITORIAL



The Medical Profession in a Political Way.

Having lived in New Mexico for the past eleven years, and watched the legislature come and go and turn a deaf ear to the entreaties of the medical profession for a better medical act, notwithstanding the passage of very good laws regulating the practice of Dentistry and Pharmacy, until it seems we should get active and select men from our profession to represent us in our legislatures. We have some of the best material in the state, and no doubt we can elect one member from every county in the state, selecting democrats from democratic counties and republicans from republican counties who will be a unit, on a hard pull, for a better medical act, men, also, who are as competent as can be found to represent the people in legislation along other lines. We should have the most efficient medical law of any of the states, from the fact we have all the others to select from. A concerted action on the part of every member of the profession will bring results. If not at first, keep up the pull as did the profession in the great state of Texas. Several years ago, when the medical profession in Texas was classed with livery stables, transfer lines, etc., and an occupation tax of seven dollars per annum was levied, which they resented, and went at it as if their family had been assailed, and the result was a success. Nothing will come to us on a silver platter, we will have to make the demand in a way that we will be heard. I know it will be a sacrifice to us to be away from our choice work for such a long period, but we are due it to the people of whom our noble profession has been the guardian since the days of Hypocrates and John Harvey.

R. L. B.

Tonsils and Adenoids in the Southwest.

Physicians of the South-West see more defective tonsils and adenoids than in any other section of the United States. Why? Because eighty or ninety percent of our people are of an anemic, sluggish glandular type—tubercular type.

Climate will not cure such cases but after complete removal, climate will assist greatly in the upbuilding of our patient. I belive in very carefully dissecting out the entire diseased tonsil in every case and not just snipping off a portion with the tonsillotomes. Leaving a portion or diseased tonsil tissue tavors infection and in other wavs effects the patient nearly the same as if nothing had been done and it is these incomplete tonsil operations that gives the work a black-eye in the view of the layman.

Our School Boards and Health Officers should pay more attention to inspection of all children who are returning to school after an attack of contageous disease, for defective tonsils may carry such disease germs for

several days after the child is apparently well. Your microscope will prove this fact.

Most general practitioners are afraid of hemorrhage following the dissecting out of the entire tonsil but if such work is done by the average surgeon in a well lighted operating room, the risk is no greater than an amputation of a finger.

Dr. Frank Billings of Chicago made a statement about two years ago to a class of us that he believed that the greater part of all cases of socalled inflamatory rheumatism had their original infection from defective tonsils. Diseased tonsils are certainly responsible for a large part of all our tuberculor cases today. fact they are hot-beds for all germ growth—therefore from a standpoint of modern preventative medicine, remove them whether large or small. Small adherent ones are often as dangerous to the child as the larger one in his neighbor.

Tonsillectomy is a tedious bloody job but it certainly pays both the patient and surgeon.

Southwest physicians remove these diseased organs and then watch our sunshine, if you please, develop the little weak fellow into a strong one—New Mexico's wonderful climate will get the credit.

R. J. T.

The Thyraid.

Nothing in recent years has helped the thoughtful physician to understand the cause of many of our ill-defined impairments of health more than the advance that has been made in our knowledge of the physiology of the thyroid and the manifold symptomatology of the derangements of that wonderful gland. It is not so many years ago that the thyroid was looked upon as a ductless gland which might become troublesome on account of its enlargement in the form of

goitre but that otherwise it was practically a negligible factor in the economy. Today the well known and well defined symptoms of its derangements of secretion are many and if those with which its association are merely suspected be taken into account their name is legion. Rumming the whole gamut from that lack of secretion giving rise to myxodema on the one hand, to the superlative hypersecretion of exopthalmic goitre on the other, the symptoms to which it may give rise are innumerable and to this must be added the conception that not only are the gross derangements in the amount of secretion to be considered but that also quality is a very important factor, and that while some of the usual ingredients of its secretion may be normal or even subnormal in amount, others may be far in excess of normal and give rise to pronounced symptoms of hypersecretion. It is quite probably, for instance, that we have in many cases degeneration going on in one part of the gland in the shape of a cystic goitre while other parts of the same gland are hyper-active and giving rise to Graves diseas—in fact Kocher has sent out a warning along this very line in regard to the treatment of ordinary goitre with iodin, claiming that in not a few instances while attempting to annilate the diseased areas to more normal activity the gland as a whole has been over-stimulated and a condition set up which he has termed on "iodin-Basedow." Besides the conditions now proven to be caused by a deranged thyroid it is possible if not highly probable that in the hyperfunctioning of this gland we have the etiological factor of some forms of hysteria, of insomnia and of the vasomotor disturbances of the menopause and that in its atrophic condition we have the cause of chlorosis, amenorrhoea and obesity so that in studying any obscure case we should as often ask ourselves "how is the thyroid" as we now habitually do "how is the urine."

American Proctologic Society's Prize For The Best Original Essay

The American Proctologic Society's prize for the best original essay on any disease of the Colon by a graduate of (not a fellow of the society) or a senior student in any Medical College of the United States or Canada.

The American Proctologic Society announces through its committee that the cash sum of \$100 will be awarded, as soon as possible in 1911, to the author of the best original essay on any disease of the colon in competition for the above prize.

Essays must be submitted, to the Secretary of the committee, on or before May 10, 1911. The address of the Secretary is given below, to whom all communications should be addressed.

Each essay must be typewritten, designated by a motto or device, and without signature or any other indication of its authorship, and be accompanied by a separate sealed envelope, having on its outside only the motto or device contained on the essay, and within the name, the motto or device used on the essay, and, the address of the author. No envelope will be opened except that which accompanies the successful essay.

The committee will return the un-

successful essays, if reclaimed by their writers within six months, provided return postage accompanies the application.

The committee reserves the right not to make an award if no essay submitted is considered worthy of the prize.

The competition is open to graduates of medicine, (not fellows of the Society) and to members of the senior classes of all colleges in the United States or Canada.

The object of the prize and competition is to stimulate an increased interest in, and knowledge of Proctology.

The committee shall have full control of awarding the prize and the publication of the prize essay, and it shall be the property of the American Proctologic Society. It may be published in the Transactions of the Society and also as a separate issue if deemed expedient. The committee may increase its membership if deemed advisable.

Dr. Dwight H. Murray, Chairman.

Dr. Samuel T. Earle,

Dr. Jerome M. Lynch,

Dr. Alois B. Graham,

Dr. Lewis H. Adler, Jr., Secretary, 1610 Arch St., Philadelphia, Pa.

ERRATA

The word "Thyraid" on page 94 should be "Thyroid."

Through a printer's error, discovered too late, "Book Reviews" was unintentionally omitted from this issue.

Preventive Medicine in the Southwest; Its Aims and Limitations.*

By John W. Flinn, M. D., Prescott, Arizona.

A cursory glance at the history of our profession will show that in its very early days Medicine was simply an Art, based solely on pure empiricism. Later, through the study of anatomy, physiology, histology, chemistry, pharmacology, pathology and bacteriology, the science of medicine was founded and the Art of Healing became firmly established on a sound,

scientific basis.

In later years an application of this new knowledge is being made to the prevention of disease, and branch of the Art of Medicine has been opened up, broad in scope, rich in achievement, high in ideals, and grand in promise—the field of preventive Medicine. Ten years ago Adami wrote, "The doctor's function in society is not merely that of curing disease, but embraces also the higher and self-denying duty of employing all means in his power to improve the health of the community in which he finds himself." The physician of today who is not devoting a portion of his time and energy to the prevention. of disease in the community in which he lives, is not making use of the highest privilege and duty of our profession.

Here, in the Southwest, nature has done very much for the protection of the health of the inhabitants, both by removing the exciting causes of disease by the purifying influence of sunshine and dry air, and by increasing the resisting powers of the individual by the opportunities she gives

for the simple life in the open. In such a country every effort should surely be made to arouse the people to a sense of their duties and privileges in the prevention of disease and the conservation of life and health.

In studying the question of the prevention of disease in any particular section of country, our first preliminary work will necessarily be to find what special diseases are causing sickness and death among its inhabitants. To accomplish this, three things are necessary:—(1) an efficient Vital Statistic Law, (2) prompt and careful registration of all cases of communicable disease, including Tuberculosis and (3) a well equipped State Bacteriological Laboratory.

(1) An Efficient Vital Statistics

Law.

The most satisfactory Vital Statistics Law at present in force, is that recommended by the National Census Bureau. This law was formally endorsed by the American Public Health Association and by joint resolution of both Houses of Congress. The burial permit is made the check on the registration of deaths, and on the undertaker is placed the onus of procuring the death certificate, and filing it with the local Regisrar of Vital Statistics. The standard birth and death certificates are used, and besides many other advantages of this law its returns are accepted by the Division of Statistics of the Bureau of the Census. Its adoption and enforcement entitles a State or Terri-

^{*}Read at the twenty-ninth annual meeting of the New Mexico Medical Society, Albuquerque, N. M., September 28 - 29 and October 1, 1910.

tory to be included in the so-called "Registration Area" and to have its figures accepted, analyzed and published by the National Census Bureau.

In adopting this law in Arizona, we modified it slightly, so as to have Local Registrars report to the County Superintendent of Public Health, who is made County Registrar of Vital Statistics. A copy of the certificate is made and kept by the County Registrar, and he forwards the original to the Territorial Registrar of Vital Statsicts, who with us is the Territorial Superintendent of Public Health.

A fee of twenty-five cents is paid the Local Registrars of Vital Statistics, for each certificate properly filled out and forwarded to the County Registrar. As a rule physicians have been appointed Local Registrars in all districts where there is a physician, and this plan had been found to work well in practice.

(2) Prompt and Careful Registration of all Cases of Communicable dis-

eases.

The laws of most states regarding compulsory notification of communicable disease, are quite satisfactory if properly observed and enforced. The duty of notifying the Local Health Officer of the existence of such diseases, lies on the physician, in a large proportion of cases. The physician who persistently neglects or refuses to report communicable disease, is no better than a common criminal. He is a disgrace to his profession and a menace to the public. These are usually the men, too, who neglect or refuse to report their births to the Registrar of Vital Statistics, and the only remedy for this condition would seem to be to prosecute them before the courts, the same as would be done with any other law-breakers.

(a) Registration of Tuberculous

Disease.

The control of tuberculosis is a problem of first importance in the Southwest, and special attention should be given to compulsory notification, registration and fumigation in this disease. The National Association for the Study and Prevention of Tuberculosis will furnish to any applicant a draft of the law now in force in New York, and in other American cities and towns. These cases were registered in a separate file and no publicity of names is permitted. The physician in reporting the case, signifies whether he is willing to become responsible for the sanitary condition of the case, or whether he wishes the health department to do so. All removals are promptly reported to the health department, and the vacant apartments are not allowed to be occupied until they have been thoroughly fumigated under the direction of this department.

This law should be strictly enforced in every part of the Southwest—town and country alike. It is only by the careful supervision of every one of the many tuberculous health seekers who every year are pouring into this section of the country, that the health of these communities can be pro-

tected.

(3) State Bacteriological Laboratory.

Another important measure in the early detection of preventable diseases, is a well equipped State Bacteriological Laboratory, for the free examination of specimens sent by any health officer of the State. In Territories so sparsely settled as are New Mexico and Arizona, it is probably too much to expect a well equipped laboratory in connection with the Territorial Board of Health. What would seem feasible, however, is to have this work done by the Territorial Univer-Two years ago, the Arizona Medical Association, took up this matter with the President of the Territorial University, at Tucson. The latter agreed to have this work done, free of all charge, if the Legislature would grant the University an additional twelve hundred dollars per year for further equipment and for increase of salary. This the Legislature refused to do, and so are still without such a laboratory in Arizona, but have hopes yet, of inducing our next Legislature to make such appropriation.

Some general measures for the prevention of disease which should be enforced throughout the Southwest are: (1) the destruction or other sanitary disposal of all unhealthy discharges from the body; (2) the extermination of flies, mosquitoes and other insects; (3) the careful removal of every source of contamination of our water and milk supplies; (4) Medical inspection of schools and (5) compulsory vaccination and re-vaccination.

- (1) The destruction of other sanitary disposal of all unhealthy discharges from the body.
- (a) The destruction of ALL sputum.

Reference has already been made to the unfortunate penalty we pay for our reputation as a climatic resort for tuberculosis, in the large number of unsuitable cases which annually come to us, many of them in a destitute financial condition. Many of these, through ignorance or carelessness or both, expectorate promiscuously wherever they may be. Fortunately, spitting in the open in this country, except on walks, is attended with little danger; but one who will spit on the ground is very likely also to spit on the floor of a building, and the only safe method is to have ALL sputum destroyed. Nor will it do to restrict anti-spitting regulations to tuberculous people only. Aside from the fact that any sputum may contain Tubercle Bacilli, pneumonia, bronchitis, tonsillitis, coryza and other diseases, may undoubtedly be contracted from sputum. Spitting is a filthy, dangerous practice, and there is no valid reason why every person who expectorates should not use a pocketcup. this way the stgma at present attached to its use would be removed, and those of us who now use theb for tuberculous sputum, would no longer feel that we were estracising ourselves by producing one in public.

(b) The sanitary disposal of

Faeces and Urine.

In towns, this resolves itself into a question of a modern sewerage system with which our towns are usually well equipped in their business and better residential sections. In the outlying portions of our towns, however, where the poorer classes live, sewer connection is not always enforced, and the dirty privy is still much in evidence.

In villages and country districts sanitary privies are the only means of properly caring for faeces and urine. and such privies are practically unknown in this section of country. So far as sanitation is concerned, most of the inhabitants of our villages and country districts might just as well defecate and urinate openly in their back yards as to use the kind of privies they do. The faeces urine are open to myriads of house flies which, after revelling to their hearts' content in this filthy mixture, carefully bathe their feet and wings in the milk and drinking water which the family afterwards consumes at dinner.

In some instances pigs and burros are allowed free access to the excreta, and after a heavy summer rain the diluted contents of the privy may be seen running openly across the lot and down the side ditch of the street.

Quite recently, the Public Health and Marine Hospital Service of the United States has issued a bulletin on "The Sanitary Privy; its purpose and construction." This bulletin describes in very simple language the dangers of soil poliution and how simple a matter it is to build a sanitary privy, and how easy to keep it clean.

Plans and specifications are given in great detail so as "to put the construction of a sanitary privy for the home within the carpentering abilities of boys. It is believed that any 14-year-old school-boy of average intelligence and mechanical ingenuity can, by following these plans, build a sanitary privy for his home at an expense for building materials, exclusive of receptacle, of five to ten dollars, according to locality." The cost would probably be from ten to fifteen dollars in the Southwest.

"The following are the essential features; There is a closed portion (box) under the seat for the reception (in a receptacle) and safeguarding of the excreta; a room for the occupant; and there is proper ventilation, with ventilators, copper wire screened in order to keep out flies and

other insects."

It is recommended, to pour into the tub about 2 or 3 inches of water; this plan gives the excreta a chance to ferment and liquefy so that the disease germs may be more easily destroyed—a cup of oil should be poured on the water in order to repel insects." "In general it is best to clean it about once a week in winter and twice a week in summer." "Each time that the receptacle is emptied, it is best to sprinkle into it a layer of top soil about a quarter to half an inch deep, before putting it back into the box"—it is undoubtedly best to burn or boil all excreta; where this is not feasible it is best to bury all human discharges at least three hundred feet away and down hill from any water supply (as the well, spring, etc."

"A compulsory sanitary privy law or ordinance should exist and be strictly enforced in all localities in which connection with a sewer system is not enforced."

(2) The extermination of flies,

mosquitoes and other insects.

Barlow says, "It is now well recognized that the following insects carry or transmit the germs of disease:—mosquitoes, fleas, flies, bedbugs, roaches, ants and lice. Experiments have conclusively shown that pathogenic organisms may remain some time in the digestive tract of the fly, may be carried on their feet and de-

posited in different places; that in the body of the mosquito the malarial parasite develops, that the mosquito is the only agent for carrying yellow fever, that flies and fleas transmit plague, and that the plague bacillus may remain virulent in the stomach of bedbugs for a number of days. Such facts are showing the real danger of insects hitherto little dreamed of, in preventing disease. The diseases carried or transmitted by insects are typhoid, dysentry, cholera, typhus, plague, tuberculosis, anthrax, sleeping sickness, relapsing fever, filariasis, malaria, yellow fever, Texas cattle fever, and dengue." (V).

(a) House Flies.

It has been proved beyond doubt that the house fly is a product solely of filth. Where the fly is, filth certainly exists, remove all filth and every fly will disappear. It is simply wonderful what can be done in exterminating the fly by burning scraps from the dining room and kitchen, using covered garbage cans, screening the tops of manure bins and keeping yards, streets and alleys raked and swept.

(b) The Mosquito.

The two forms of mosquitoes which are especially active in carrying disease are the Anopheles, which conveys the plasmodium from those affected with malaria to healthy persons; and the Stegomyia Fasciata which is the sole means of disseminating the infection of Yellow Fever.

The work of Col. Gorgas, in eliminating Malaria and Yellow Fever from Cuba and the Isthmian Canal Zone, is well known to all. By draining and oiling stagnant pools and marshes, Gorgas succeeded in exterminating the mosquito in these two regions, and so completely eliminated Malaria and Yellow Fever. It was only through his work that the building of the Panama Canal was made feasible, thus showing the great value of preventive medicine even from a commercial point of view. At present, owing to our dry climate and well

drained soil these forms of mosquitoes are very rare in the Southwest; but as our irrigation projects are put into operation, breeding grounds for them can very easily be established, if proper preventive measures are not adopted.

(3) The careful removal of every source of contamination of our water and milk supplies.

(a) Water.

The two sources of water contamination peculiar to the Southwest are: (a) our heavy summer rains and (b) dirty water cars and water reservoirs used in hauling and storing water along our different lines of railroads.

(a) After a long period of drouth, one of our heavy summer showers will wash the refuse from the surface of the land, for many yards around, into the springs and wells which are the sources of our water supply, if careful precautions are not taken to prevent this. Wells should be built, preferably with cement, several feet higher than the surrounding surface and springs protected by properly

constructed dykes.

(b) In many sections of the Southwest, owing to the scarcity of water, it is necessary for the railroad companies to transport water many miles in cars and store it in reservoirs for the use of their employees, and other inhabitants of the towns along their routes. Quite a severe epidemic of Typhoid Fever in Northern Arizona last year, was traced to just such reservoirs. Transportation of water should be carefully regulated by State and County Boards of Health, and water cars and reservoirs should be inspected at regular intervals.

(b) Milk.

Milk is one of the most generally used articles of food, and since a large number of infants have to depend on it solely for nourishment, it is most important for the health of the community, that milk should be of good quality and preserved from contamination. Milk should be drawn from healthy cows, well ted and watered

and properly groomed. Barns and milking sheds should be kept clean, and supplied with plenty of light and ventilation. The udders of the cows should be well washed and dried before each milking and the hands and clothing of the milkers always clean. Milking should be done into a pail the opening of which is covered with cheese-cloth.

Milk should at once be cooled and aerated, put into sealed bottles and kept sealed and cool until used. For isolated communities where ice can not be obtained, supply houses furnish milk coolers in which the milk is cooled by running well or spring water through the drum; and in a comparatively few minutes the milk is cooled to the temperature of the water.

All milk containers (pails, pans, bottles, etc.) should be first washed with cold water, then with hot soapsuds and finally sterilized with boiling water or live steam.

(4) Medical Inspection of Schools. In towns, all schools should have specially appointed Medical Inspectors, who would examine school-rooms and pupils at frequent intervals. In country districts the County Superintendent of Public Health should carefully examine all school houses and pupils at least once a year.

(5) Systematic Vaccination and

Re-Vaccination.

In the German Army, small-pox has been stamped out by systematic vaccination and re-vaccination, and the same results can be obtained in any community by similar means. "Vaccination should be compulsory in every community. It should be performed at two or three months and if unsuccessful should be repeated from time to time. A person exposed to the contagion of small-pox should always be vaccinated." (Osler.)

Having mentioned a few of the aims of preventive medicine in the Southwest, the next question which confronts us is what are its limita-

tions.

Preventive Medicine here as elsewhere is limited principally by two factors (1) the indifference of the medical profession, and (2) the ig-

norance of the public.

The work of removing both these limitations rests with the medical profession, and it has been fairly demonstrated that the one instrument which is doing and will continue to do, more than anything else to remove these limitations is the County Medical Society. Let all of the medical men of the Southwest join in the active work of their respective County Medical Societies, and indifference in regard to active measures for the prevention of disease in each community is bound to disappear. Such subjects will soon come up for discussion in the County Society, indifference will be replaced by active interest and soon each County Society will be a centre of education for its district and every medical practitioner a daily teacher of hygiene and public health.

Having overcome the indifference of the medical profession, what special means have we at hand for the education of the public? Public meetings under the auspices of the County Societies, papers and talks before schools, teachers institutes, church societies, lodges, clubs, associations, etc., newspaper and magazine articles and personal talks in the office and in

the sick room.

A stupendous work you say! Yes, stupendous truly, but one for which there is a great crying need and one which promises brilliant and lasting results. On us who are really pioneers in this section of the country, and in this work lies the responsibility of laying the broad, firm foundation of a comprehensive scheme for the protection of life and conserva-

tion of health, in the great Southwest. Our chief need as individuals for

this work is a large optimism. "In the course of his address as President of the Congress of American Physicians and Surgeons, held in May in Washington, Trudeau said, that if there is no room for pessimism in the doctor's individual career there is no room for pessimism in our profession. for its ideals and the goal toward which it is moving so rapidly are pregnant with optimism. The conquest of disease by prevention, though disease is the source of the doctor's livelihood, the placing ever at the disposal of the poor, without money and without price, the greatest gifts of learning and skill at our command, the strangling of deception and quackery in our midst by education of the people, are standards which can only be inaugurated and upheld by the highest type of optimism. He urges us, therefore, not to quench the faith nor turn from the vision which, whether we own it or not, we carry, as Stevenson's lanternbearers their lanterns, hidden from the outer world and thus inspired. many will reach the goal; and if for most of us our achievements inevitably must fall short of our ideals, if, when age and infirmity overtake us "we come not within sight of the castle of our dreams," nevertheless all will be well with us; for, as Stevenson tells us rightly, 'to travel hopefully is better than to arrive, and the true success is in labor."

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Report of a Case of Traumatic Jacksonian Epilepsy With Presentation of the Patient.*

By M. K. Wylder, M. D., Albuquerque, N. M.

Before taking up the description of my case, I wish to go briefly over the salient points of Jacksonian Epilepsy.

I do not wish to presume that we are not all familiar with this disease which is perhaps the most easily diagnosed of all the epilepsies, but by refreshing our memories on its diagnostic points, we will be enabled to follow ous case more intelligently.

Jacksonian Epilepsy acquired its name in 1867 from Hughlings Jackson who wrote a very excellent description of the disease and which I might add, has never been improved upon. Previous to this time it was known as Partial Epilepsy,—this name being given by Bravais in 1827. The attacks are usually the result of irritative lesions in the motor zone, of 107 cases analyzed by Roland, there were 48 cases of tumor, 20 of inflammatory softening, 14 of acute and chronic meningitis, 8 of trauma. The remaining cases were due to hemmorrhage or abscess or were associated with sclerosis cerebri. Other conditions which may cause Jacksonian Epilepsy are uraemia and progressive paralysis of the insane and it may also follow hemiplegia. The case I am to report is of this type. There is a certain order of progression in these attacks which is seldom if ever, violated, irritation beginning in the leg center cannot reach the face without travers-

ing that of the arm. It is impossible also, to have sensory equivalents to the Jacksonian attacks. begin with Ocular symptoms, disturbances of taste or smell or peculiar sounds. The diagnosis can usually be made at once, the conclusive points being that the motor or sensory disturbances, always commence in the same part of the body and from this gradually extend until they become general, thus the thumb may be affected, showing first a tonic and then a clonic spasm of the hand or arm, or the disturbances may commence in any set of muscles. The disease almost invariably indicates a focal lesion on the cortex of the brain. However, the cause of this irritation is often a matter of speculation as it may be Hyperaenia, Syphilitic Diathesis, tumors, tubercles, fragments of bone, foreign bodies, or degenerative processes.

All authors agree in advising operative proceedure when a distinct history of Trauma, which preceded the beginning of the Epilepsy can be elicited. However, this history should be given by some competent person. The patient's memory is not to be trusted, neither is the testimony of sympathizing friends or relatives. Also in non-traumatic Epilepsy of the distinctly Jacksonian type, when everything points to irritation proceeding from one location, operation

^{*}Read at the twenty-ninth annual meeting of the New Mexico Medical Society, Albuquerque, N. M., September 28 - 29 and October 1, 1910.

is recommended, but in the absence of Jacksonian symptoms operation should be regarded as only an experiment.

I was first called to see R. G., January 30, 1909, and found that one of his neighbors in emphasizing his point in an argument had chopped his head open with a noe. He was conscious, seemed to understand what was said to him but could not speak. The wound was four inches in length. extending from before backward, beginning anteriorly one inch in front of the coronal suture on the left side and one and three-fourths inches above and internal to the upper temporal ridge and extending directly backward. The scalp, skull and meninges were severed and brain tissue was oozing out of the wound. There was a complete paralysis of the right arm and leg and loss of speech. However, he could indicate "yes" or "no" by nodding his head. The family absolutely refused to allow him to be taken to the hospital so I cleaned the wound as best I could under the circumstances, put in a drain and sutured the scalp. The wound healed without suppuration but there remained a fistulous opening which did not close until in May. His speech returned in about ten days, and he began to get the use of his hand in about a month. The leg began to respond in about six weeks.

About one month after this fistulous opening had closed he began to have light seizures. These seizures were very characteristic of Jacksonian Epilepsy—always beginning first in the foot then extending up the leg. next the arm and face, after some weeks of this, they became general. These grew constantly worse until in October when he began to have attacks which lasted for several hours. It was not until he had reached this serious condition that the family would consent to operative proceedure. He was taken to St. Joseph's Sanitarium and the operation was performed October 25, 1909. lifting a flap of the scalp to get at the injury to the bone, it was found that the cicatrix of the scalp was adherent to the cicatrix of the meninges. The adhesions were broken up as were also the adhesions between the meninges and the skull, and a strip of the scalp one-half inch in width was removed and by slipping the scalp the old cicatrix was brought past the opening in the skull. The patient made a prompt recovery, left the hospital in a few days and has had no attacks up to the present time. He is gradually gaining strength in his arms and legs and I am hopeful that he will eventually make a complete recovery. However, I regard one year as entirely too short a time to draw conclusions.



Splanchnoptosis and Its Surgical Treatment.*

H. A. Ingalls, Roswell, New Mexico.

This condition, first fully described by Glenard, is a mechanical one and may be divided into two general classes: First, those in young individuals, with rather abrupt onset and more or less marked nervous symptoms, and, second, those in persons past middle life and presenting few or no symptoms until failure or com-

pensation.

While many theories have been advanced as to the cause of the relaxation of the supporting structures, none have been proven. Among the causes mentioned are tight lacing, rapid child bearing, hard work and protracted illness. Personally we are inclined to believe the condition due to a trophic disturbance, the ligaments (fatty capsule of kidney, gasto-hepatic omentum, mesentery, etc.) losing tone through faulty nutrition.

In considering symptoms it may be well to state that the condition may exist for years without causing distress. Here the onset is so gradual the patient is not made aware of it until the terminal complications be-

come manifest.

The more prominent subjective symptoms are, irregular appetite, weak back, dragging sensation in the abdomen, (especially noticable on coming from the prone to the upright position), belching or vomiting acid fluid, dryness of the tongue, burning sensation in the mouth, distress after taking food and, late in the disease, faecal vomiting. The bowels are ir-

regular at first; diarrhea alternating with constipation; later obstinate constipation.

The objective symptoms are marked. On inspection the abdominal wall is observed to be relaxed and the aortic pulsation noticed. The skin dry and the impression made by drawing the finger nail over the surface followed by either hyperaemia

or marked pallor.

On palpation the abdominal organs will be found to occupy a lower plane than normal. In some cases the liver and kidneys will be found in place, but as a rule all the organs are involved. By manipulation peristalsis can be excited and the stomach outlined by the examining hand without resorting to the carbonic acid gas discommonly recommended. Even if no food has been ingested there is to be found a very distinct splashing when the stomach is handled. The peristalsis is feeble and the stomach unable to completely empty itself.

In one of our series the first symptom was quite sudden in onset, the patient, a young woman of about thirty years, in apparent good health, while standing at a table doing some light work felt a peculiar sensation in the epigastrium which she said felt as though something had torn loose. This was followed by a dragging sensation which rapidly grew worse, but was promptly relieved by rest in the recumbent position. The family

^{*}Read at the twenty-ninth annual meeting of the New Mexico Medical Society, Albuquerque, N. M., September 28 - 29 and October 1, 1910.

physician was consulted and an abdominal support ordered. These supports were increased in weight and strength from time to time and the patient allowed full diet and exercise.

At the time of the first symptom the weight of the patient was about 145 pounds; at the time of our first examination 105 pounds, a loss of forty pounds in about twelve months time.

The family history was excellent. The patient was a member of a family of wealth and position. She had never been pregnant and the heaviest work performed were light duties about the home.

When seen patient was in bed and had been for several weeks, the prone position being the only one of com-

fort.

The abdominal muscles were atrophied as the result of pressure and disease and the wall very lax. Skin dry and desquamating. Right kidney floating. Liver displaced downward and to the left. Stomach almost vertical. Aortic pulsation noticable. Stomach and bowels distended with gas. General nutrition poor. Heart, lungs and pelvic organs normal. Displaced organs freely movable and could be returned to normal positions.

As vigorous mechanical and medicinal treatment had been carried out to no avail, operative interference was

advised and accepted.

Patient was operated upon about eleven years ago. The kidney was sutured in place through a lumbar incision and the other organs through a median incision above the umbilicus, heavy silk being used for the liver.

After operation the patient was kept at absolute rest for three weeks to allow thorough organization of adhesions. She left the hospital at the end of six weeks weighing 117 pounds.

When seen four years ago, just after a long transcontinental journey,

patient looked well and had not resumed the use of any form of abdominal support other than the regular clothing.

The result was not as satisfactory as we would have liked and we feel the work was not as complete as it should have been, there still being some of the dragging sensation noticable.

Had we performed a partial gastrectomy and removed a portion of the abdominal wall to afford better support, as now recommended by our German brethren, the result, we believe, would have been excellent.

This case is cited as being the most typical we have ever seen of the first

class.

The following is a good example of

the second class:

The patient, a woman of 68 years, had a good family and personal history with the exception of a severe case of "stomach trouble" some thirty years ago and pneumonia seven years ago.

She was the mother of seven children. No history of pelvic disease.

Until about four or five months before first seen had been able to eat any food desired without distress, since which food of any kind caused nausea and a gradual loss of flesh and strength had been noted.

Bowels had been fairly regular until this time, but increasing constipation was now noticed. Blood in bowel

movements at times.

Patient much emaciated. Lost 70 pounds in less than six months. Very anaemic and malignancy suspected. Heart normal, pulse 95. Respiration

somewhat harsh; no rales.

Upper abdomen flat and dull on percussion. Aortic pulsation noticed. Pancreas and lumbar vertebrae easily palpated. Stomach and intestines all below the level of the umbilicus. Stomach much enlarged and filled with fluid. Considerable amount of gas in bowels. Liver and kidneys below normal plane and movable.

On removal of stomach contents

great gauntities of undigested food found, some of it being recognized as food partaken eight days prior.

No albumin Urine cloudy.

sugar.

Insomnia and changeable moods marked. Has cold hands and feet.

Attacks of syncope reported by the family but we did not have an opportunity to observe the case in one of these "sinking spells."

Diagnosis had been made of "nervous dyspepsia" and patient had been given various digestants, with light diet, when she could be induced to eat.

Being too weak for operation rectal feeding, with lavage, was instituted. This treatment relieved the constant nausea and seemed to improve the

patient for a time.

The gain was but slight and the increasing amount of drainage from the duodenum into the stomach necessitated frequent washing of the stomach.

The rectal feedings were well borne and life prolonged for some time, but patient could not be rallied enough

for surgical relief.

In considering the question of treatment it is our belief that a radical operation is indicated in all cases in which the condition is producing subjective symptoms.

Adhesive plaster will support the organs but becomes very annoying within a few hours after application.

Various supports are manufactured and advised. These afford a cer-

tain amount of comfort but do harm in causing a further atrophy of the abdominal wall and the supporting structures of the displaced organs.

It is impossible to lay down hard and fixed rules covering the operative work. If the muscular coats of the stomach are very weak, gastroenterostomy is indicated, else the stomach cannot empty itself.

The gastro-hepatic omentum and the mesentery are easily shortened to relieve the passive congestion present as a result of the dependent position

of the stomach and bowels.

Slight irritation of the peritoneum with gauze sponge, and suture of the ligaments, will firmly anchor the liver, as dense adhensions will thus be formed.

The kidney is best handled through the usual lumbar incision so as to avoid possible interference with the circulation to the ascending colon.

The removal of a portion of the abdominal wall is recommended by some operators so as to insure good support for the organs after being sutured in position.

If the stomach is much dilated its capacity should be reduced by partial gastrectomy or folding of the serous

It is to be regretted that statistics are not at hand so we could furnish a complete series showing the good being accomplished by radical operation in this condition.



Work of the Chaves County Medical Society

typhoid

Some idea may be had of the benefit the public derives from "medical organization" by the following report of the amount of work done by the Chaves County Medical Society since its organization in March, 1904.

Since April 13th, 1904, the day the first paper was read before the Chaves County Medical Society, essays have been read and discussed on

the following subjects:
Tonsillitis: Ileo colitis:

fever: puerperal fever: chloroform anesthesia; sanitation and prophyaxis; surgery; treatment of tuberculosis: pneumonia; abortion; causes and treatment of appendicitis; gangrene; erysipelas; urinalysis; face presentations; empyema; melancholia; pleurisy; insomnía in its relation to eve-strain; acute rheumascarlet fever; peritonitis; aneurisms; electricity in medicine; symposium on tuberculosis; professional unity; spasmodic laryngitis; proprietary medicines; the profession in its business aspect; chorea; symposium on syphilis; gall-stones; pelvic pains in unmarried women; tubercular meningitis; puerperal infection; interstitial nephritis; juries to the shoulder; disinfection; mistakes; injuries to the head; mulsclerosis; placenta diagnosis and treatment of the more common gall-bladder diseases; intestinal obstruction; salpyngitis; the management and treatment of the tubercular patient; bubonic plague; surgical anesthesia; some of the surgical complications of typhoid fever; eyestrain as a cause of neurasthenia: suppurative otitis media; what was it?; epithelioma; diagnosis and treatment of tuberculous salpyngitis; diagnosis of pelvic inflammation; differential diagnosis and treatment of acute pancreatitis; medical treatment of chronic gastric catarrh: etiology and treatment of chronic diarrhoea: the indications for operation in gallstone diseases; the significance of jaundice in gall-stone diseases; etiology and diagnosis of malignant disease of the bile-tracts; status of tuberculosis in the city; the early diagnosis of tuberculosis in children: the practical value of laboratory aids in the diagnosis of tuberculosis: the reasons for a more exact knowledge of pharmacology on the part of the practitioner of medicine; diagnosis and treatment of tubercular lesions of the upper air passages; pathology and diagnosis of purulent infections of the accessory sinuses of the nose; general and local treatment of chronic catarrh of the nose and throat; the diagnosis and differentiation of hysteria; the diagnosis and treatment of epilepsy: diarrhoea; the hereditary features of tuberculosis and syphilis, and, indications and contra-indications for cure-

On the above subjects there were read seventy-eight essays which were studied and discussed, and beside these essays there were reported and discussed more than 200 cases of sickness and accidents.

When it is remembered that until about last October the society met only once a month, this is quite an amount of work to have been done, especially by a society with a small membership, averaging about twelve members.

The society is now studying the post-graduate course as gotten out by the American Medical association and is meeting weekly. Much interest is being manifested by the membership in this work.

Under this plan essays are dispensed with and the various members take turn about in lecturing on the subjects assigned. By this method more thorough individual work is required.

News Notes.

The epidemic of small-pox which has prevailed for some time in the northern end of Santa Fe county seems to be of a mild type, no deaths having as yet, been reported.

The Santa Fe County Medical Society has under consideration the inauguration of the post-graduate work as outlined by the A. M. A.

Dr. J. A. Rolls of Santa Fe, secretary of the Santa Fe County Medical Society is planning a three months post-graduate course to be taken in London the coming summer.

Dr. John L. Burnham, a member of the Dona Ana County Medical Society died at his home in Las Cruces recently. Dr. Burnham was a graduate of Dartmounth Medical College, class of 1887. He had been a resident of New Mexico since 1899, having come west for his health. He was a victim of tuberculosis to which he finally succumbed.

Dr. Burnham was a particularly well posted physician and one who could always be counted upon for assistance in the consulting room.

His remains were taken to his former home in New Hampshire for burial.

Doctor Charles Turner Sands, formerly of Silver City and Doctor H. M. Cornell, formerly of Kansas City, have recently located in Las Cruces.

Two fatal cases of poisoning from eating the berries of mistletoe are reported from Dona Ana County.

Dr. C. A. Mitchell of Mesilla Park, N. M., has moved to Benton, Arkansas.

Through an oversight the name of Dr. S. G. Sewell of Alburquerque was omitted from his paper on the "Therapeutic Value of Altitude in Pulmonary Tuberculosis" published in the January issue of this Journal.

Items From Roswell.

The Chaves County Medical Society is doing fine work and is rapidly becoming a factor for good in the community. Its advice is sought in all municipal matters of sanitation.

Quite a little epidemic of scarlet fever broke out in the city a few weeks since but owing to the very efficient efforts of our health department and hearty co-operation of the medical fraternity it has been "nipped in the bud."

Dr. W. T. Joyner has been on the sick list several days suffering from a very severe attack of tonsillitis. He is much improved at this time and will be out in a day or so.

We only had about a half dozen cases of typhoid fever in Roswell last year, and now that the Supreme Court has held our sprinkling ordinance to be valid and good, the sprinkling district should be enlarged to such an extent that we should have no cases this year. Dust is a great factor in the spread, not only of typhoid fever, but of most all the infectious diseases. Do away with dust and flies and infectious diseases would have trouble in taking hold of a city.

Any regular physician who may be sojourneying in Roswell is cordially invited to attend the meetings of the C. C. M. S. which meets every Thursday night. Any member of the society can inform those desiring to attend as to the place of meeting. We meet through the month of February at the offices of Drs. Joyner and Yater. Some time in the near future we expect to establish a permanent meeting place and equip it to suit the needs of the society.

The New Mexico Medical Iournal

Volume VI MARCH, 1911 No. 6

$E \cdot D \cdot I \cdot T \cdot O \cdot R \cdot I \cdot A \cdot L$

A Few Words From Managing Editor.

The February Journal was a very poor issue—the managing editor realizes it. There are reasons for it.

To begin with, all the material was given the printer with whom the printing and publishing contract is, about the 5th of the month, with the understanding that all matter would be set up and proofs in the hands of the managing editor not later than the 15th of the month. In the meantime the printer found a chance to turn a deal and dispose of his plant and, not caring to do any more work than he could help (he is naturally lazy), thought that he would wait and allow the new people to set up and print the Journal. The deal was delayed and so was the Journalwithout the knowledge or consent of the managing editor. When the new people did get hold of the plant the engine went wrong and there was no way of doing anything for a week or more, so the matter was rushed to a neighboring town to have After some weary hours and many telephone messages and a trip to the neighboring town by the managing editor the proofs were finally submitted and corrected and the material rushed to press, the managing editor thinking his troubles had ended-at least for that issue. Vain delusion! When all was ready for stapling it was discovered that all of the "Book Reviews" had been omitted from the printing. It was then too late; the month was out and to wait meant another week's delay, so it was decided to send it out as it was. But this was not all, for the very night of the completion of the issue when all was ready for mailing, the printing office was endangered by a fire next door and was saved only by heroic work of volunteer firemen and that only after considerable damage had been done to the building, but fortunately not to the Journal. At the end it was lucky that we had any Journal at all to send out.

The managing editor calls attention to the fact that the secretaries of the various county societies are the assistant editors of the Journal and that they are expected to send in monthly all the detailed news of the various county societies. The material should be in the hands of the managing editor not later than the 5th of the month for the current issue.

The secretary of the Territorial society desires to call the attention of the county societies to the fact that only two or three of them have so far reported the new officers. Below is a list of the secretaries of the various county societies as they appear on our lists. If corections are to be made in this list it would be a favor to the secretary of the Territorial society if notification be sent him at once, together with the correct information.

Dona Ana, T. C. Sexton, Las Cruces. Chavez, C. M. Yater, Roswell. Santa Fe, J. A. Rolls, Santa Fe. Luna, S. D. Swope, Deming. Torrance, C. D. Ottosen, Willard. Grant, S. L. Peters, Silver City. Las Vegas, W. E. Kaser, East Las Vegas.

Otero, J. G. Holmes, Alamogordo.
Eddy, E. S. Furay, Lakewood.
Bernalillo, F. E. Tull, Albuquerque.
Quay. R. J. Thompson, Tucumcari.
Colfax, J. L. Hobbs, Gardiner.
Curry, A. L. Dillon, Clovis.
Roosevelt, H. F. Vandever, Elida.
Pecos Valley District Medical Society,
A. L. Dillon, Clovis.

Committee on Public Policy and Legislation of the New Mexico Medical Society.

Or. E. B. Shaw, chairman. Ea	st Las Vegas
Dr. C. M. Yater	Roswell
Or. T. B. Hart	Raton
Or. J. A. Massie	Santa Fe
Or. J. H. Wroth	. Albuquerque
Or. T. C. Sexton	Las Cruces
Or. G. K. Angle	. Silver City
Dr. S. G. Von Almen	Clovis
Or. R. J. Thompson	Tucumcari
Or. Cowan	Carlsbad
Or. C. J. Amble	Manzano
Dr. P. M. Steed	Deming
Dr. Garmany	Portales
Or. J. G. Holmes	
The President, ex-officio.	
The Secretary, ex-officio.	
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Proposed Amendments to the Constitution.

The following amendments to the constitution are to be voted upon at the next regular meeting of the New MexicoMedical Society:

"Amend Art. 9, Sec. 1 of the constitution by striking out the word 'three' and nserting the word 'seven.'"

"Amend Art. 9, Sec. 2, by striking out all that portion of said section referring o terms of councillors and inserting the following: "The terms of councillors shall be for three years. Those first elected serving as follows: Two for one year, two for two years, three for three years, as may be arranged, so after the first election two shall be elected annually for a term of three years,' and each third election three shall be elected for a term of three years."

"Amend Art. 4, Sec. 2 of the constitution by striking out all that portion of Sec. 2 down to and including the word 'territory' and substituting therefor as follows: "The members of this society shall be of good moral and professional character, graduates of a reputable medical college, and licensed practitioners of the territory."

County Societies.

To the Secretaries of County Medical Societies:

The office of secretary of the County Medical Society, to which you have been elected, is the most important position in your county organization, and, in fact, the county secretary is the most important factor in the state association, for upon him depends the success of the county organization. No man should undertake the duties of secretary unless he is ready to work for the good of his society, and unless he is peculiarly interested he should not enter upon these important duties. The secretary is responsible for detailed data and reliable information concerning the individual members of his county organization as well as other physicians in his county. He should keep a list of members alphabetically arranged, which list should give name, postoffice, county, date of graduation, date of license, Alma Mater and date of joining the state association. Every county secretary should be familiar with the by-laws governing county organizations. Every county secretary should make it a point to know in person and keep in touch with every member of his local society. He should. also, see that every member is notified of every meeting. Frequent meetings of should be encouraged. county societies Programs should be arranged in advance and members notified as to what subjects will be discussed and who will discuss them. Every county society should have a fixed place and date of meeting. If county secretaries will become enthusiastic, their enthusiasm will permeate their county organizations.-Journal Tennessee Medical Association.

Corinna Borden Keen Research Fellowship of Jefferson Medical College.

The accumulated income of this fund now amounts to \$1,000. The fellowship will be awarded by the trustees upon recommendation of the faculty to a graduate of the Jefferson Medical College of not less than one nor more than ten years' standing, upon condition that he shall spend at least one year in Europe, America or elsewhere, wherever he can obtain the best facilities for research in the line of work he shall select, after consultation with the faculty; and that he shall publish at least one paper embodying the results of his work as the "Corinna Borden Keen Research Fellow of the Jefferson Medical College."

Address J. W. Holland, dean.

SOME THOUGHTS ON CLIMATE.

(Reproduced from "Physiologic Therapeutics.)

Our views as to climate have undergone changes corresponding to the progress of medicine. The tropics were considered as fit only for the dark-skinned races. We know now that the white man can successfully fight the diseases peculiar to tropical countries. Yellow fever has lost its terror; malaria can be avoided; vaccination gives protection against typhoid. The spirilloses yield to treatment and the plague will never again devastate Europe.

Many are the diseases yet unknown to us, and conditions favorable to and shielding man's enemies cannot be changed at once. Even if thousands of explorers and pioneers, thousands of missionaries and travelers, will yet fall victims, they are not victims of climate, they are victims of temporary conditions which the white man, in the course of time, will overcome.

Climate exerts certain influences which can be utilized for therapeutic purposes. Certain climatic conditions are unfavororable for certain Pathologic states, already existing or developing. The healthy individual, and "healthy" means to be free from organic lesions of all the vital organs, can exist in any climate provided he avoids functional disturbances within, which will reduce his resistance.

If we look into the real causes of the so-called "unfitness of the white for the tropics" we soon discover that Bacchus and Venus are mostly to blame. With the plasmodium-carrying and the yellow-fever-inoculating mosquito lurking about, the named deities badly repay their worshipers by creating a "resistencia diminutia."

It is said that in the tropics the Caucasians do not propagate beyond the second generation. This is partly true; but many of the race-destroying miscarriages of white women in the tropics are of luetic and malaric origin and therefore not necessary. It is far more frequent that the petronema pallidum does its dead-

ly work than the rays of the sun or the emanations from the jungle. The young white who undergoes a thorough course in venere has his seminal vesicles unfit for their proper role, and the bride, selected and wedded on a trip home, often after a short course of treatment, will be sterile, not so much by the plasmodium but by the gonococcus.

We, who have spent some time in the tropics, often use the climate to cover up what is only the sin of the youth brought home to the man.

Generations of white men have existed and exist in the tropics. In tropical America we find localities where the blood of the Spanish populadores of Gethic descent has remained pure and the vigorous, fine, blond types are a surprise to the traveler.

Mission societies yet labor under such misbeliefs. We see the notice in the medical press that there are many vacancies. They demand young men for their fields. There may be many reasons, especially for the preacher, who must master the language most profoundly; but there is no such reason for the medical man who is qualified to learn the language, perhaps has mastered it already, and has reached the middle life. Middle aged men, even those past middle age, have done good service for many years in other capacity in the tropics; why should the physician not do the same?

The fear of the high altitudes is disappearing on this continent. The sight of a venerable matron and her open flask. when nearing the high passes is becoming quite scarce. The number of the poor lungers who go to the Rockies or desert with the medical advice to "rough it out" are less every year. While the value of high altitudes in the treatment of tuberculosis remains a well-known factor and while the scientific reasons and foundation of such treatment are more recognized and understood, it is a blessing for the citizens of the southwest that the belief that mountains can perform miracles is waning more and more, and it is a blessing that the indigent tubercular is allowed to die in peace at home.

FEST.



IN MEMORIAM

Dr. Hannibal A. Beeson.

Born on December 5, 1841, at Leesburg, Ohio; died February 11, 1911, at Roswell, New Mexico. Dr. Beeson studied medicine in the office of his father, and at the age of 20 years enlisted in the United States navy at the outbreak of the civil war with the rank of assistant surgeon, which station he filled with credit till the close of the war in 1865, when he returned to Leesburg and resumed the practice of his profession. Dr. Beeson received his degree from the Miami Medical College of Cincinnati, Ohio, in 1879. He practiced his profession in Leesburg, Ohio, from the close of the war in 1865 till about three years ago when, owing to declining years, he came to Roswell, New Mexico, bringing with him his life companion to make his home with his only child and son, Dr. C. F. Beeson. He was an ardent supporter of "organized medicine," and at one time was president of the Highland County Medical Society of Ohio. After arriving in New Mexico he registered under the existing laws and, while he did not engage in active practice, he took a keen interest in everything pertaining to regular, organized medicine, and often expressed the desire to "die in the harness." His life partner, his dear old wife, died about two years ago, since which time his physical condition gradually declined, the immediate cause of death being Angina Pectoris. His devotion to his chosen profession was one that might with profit be emulated by other members of the fraternity.

"Calmly he looked on either life, and here Saw nothing to regret, or there to fear;

From Nature's temp'rate feast rose satisfy'd,

Thanked Heav'n that he had lived, and that he died."

The Chaves County Medical Society extends sincere condolence to our fellow member, Dr. C. F. Beeson, and his wife, in this the sad hour of their bereavement.

The Internal Ear, In the Light of Recent Investigations

DR. I. E. FRIEDMAN, Carlsbad, N. M.

At the meeting of the American Medical Association, held at St. Louis last June, Dr. S. MacCuen Smith of Philadelphia began his paper on otitic meningitis, as follows: "On account of the apparently increasing prevalence of otitic meningitis, especially in children, due no doubt to our greater ability to recognize the disease, the subject is of the utmost importance, not only to the aurist, but more especially to the physician of general practice, since he is usually the first to be consulted in the initial illnes." In selecting for my subject the internal ear I feel with Dr. Smith that I have no apology to make to this a general society, but am hopeful that I may not alone interest you because of some very new information I am able to give you, but even serve you through some practical points in diagnosis.

"The otologist of today is able to make the claim that greater progress has been made in the last decade or two in his specialty than was accomplished in the same time in other departments of medicine. The indications for and the technic of mastoid surgery are better understood. The involvement of the large venous carriers of the brain, particularly the lateral sinus, is more frequently recognized, and thereby many lives are saved. Also, circumscribed extra and sub-dural cerebral and cerebellar abscess, as well as serous and suppurative meningitis following infections from the ear, have recently received much attention, and the future holds out much promise. Today we know

that not every chronic suppurating ear requires severe surgical measures for its amelioration. No less advanced have we in our knowledge of the internal ear, upon which I must lay emphasis today. First, as to the physiology. From time immemorial the ear has been recognized as the organ where the function of hearing was carried on. How this occurred was not Aristotle, a Greek philosopher, who lived 384-322 B. C., believed that the inner ear was the seat, and that hearing was made possible through the presence of air within it, which air was made to move by the drum membrane and chain of ossicles set in motion by vibrations from the outer air. Strange as it may seem, this theory was not overthrown for over 2,000 years, until Cotugno, an Italian investigator who lived from 1736 to 1822 discovered the presence of fluid within the labrinth. Not until recently was it known that the internal ear or labyrinth performed any other function than that of hearing, when it was believed that the three divisions performed their work as follows: One part had to do with tone perception, the second part with sound perception and the third with the direction of the sound. Today it is known that only one of these disions is concerned with hearing. Perhaps it may be wise at this time to draw you an outline of the anatomy of the whole ear mechanism, so that you will more readily understand the region we are discussing. The ear is parts-the external, divided into three

middle and internal. The external consists of the auricle and external auditory meatus; the middle, of the membrana tympani or drum membrane, the tympanic cavity which lodges the three ossicles, the tensor tympani and stapedius muscles, the ligaments and chorda tympani nerve. Included in this subdivision are the antrum. mastoid cells and eustachian tube. object of the middle ear is to overcome the mechanical difficulty of changing vibrations of air into vibrations of a fluid. Upon the inner surface of the tympanic cavity we come to the third division, the oseous labyrinth, consisting of a shell of ivory-like bone, the hardest bone in the body, and divided into the vestibule, three semicircular canals, and the cochlea. These are lined throughout their interior by a thin periosteal membrane, and within there is a clear fluid called perilymph, which communicates with the subarachnoid fluid of the brain. Lying in this fluid, and partly attached to the osseous wall, is the membranous labyrinth, consisting of the utricle, saccule, membranous semicircular canals, and membranous cochlea. Within the membranous labyrinth is again a fluid called endolymph. Between the endolymph and perilymph there is no communication. According to recent studies, the cochlea is the only portion of the internal ear that has to do with performing the function of hearing, and the utricle, semicircular canals with saccule and preserving the equilibrium. The utricle and saccule give us our knowledge of position in space, and the semicircular canals of turning motions. The auditory nerve is not a single nerve, but has been found to consist of two portions, the cochlear branch, which supplies the cochlea, and is the nerve of hearing, and the vestibular branch, which supplies the rest of the labyrinth. The structures enabling these

various functions to be performed have for their essential anatomical basis endorgans, consisting of epithelial cells with hair-like projections on their upper surface called hair cells, and into which the terminal filaments of the nerve enter. In direct contact is a superimposed jellylike structure shaped differently in the different divisions of the labyrinth. Movement of the endolymph moves this overhanging structure, which in turn stimulates the hair cells in different ways, according to the position assumed by the head. There are two such end-organs in the vestibule placed at right angles to each other. The three semi-circular canals, occupying very nearly the three planes in space, have each an end-organ at the widened out extremity called the ampulla. A turning motion of the head in any plane whatsoever results in a motion of the endolymph in one or several of these canals, and in this way stimulates the particular hair cells.

"The cochlea is believed to perform its work as follows: Sound waves striking the drum membrane cause it to vibrate. These vibrations are transmitted through the chain of ossicles into the intralabyrinthine fluid of the vestibule, thence through a thin membrane, reaching the endolymph in the cochlea, where, depending upon the particular sound, a particular portion of the superimposed jelly-like structure vibrates, thereby stimulating the corresponding hair cells. The nerve impulses originating from the stimulated hair cells come together in the brain, forming the tone picture.

"Affections of the internal ear, includin gthe auditory nerve, may arise primarily, but more frequently are encountered as secondary processes. It is more frequently met with in children, for these are more susceptible to the exanthemata, to diphtheria, cerebro-spinal meningitis, hydrocephalus, all of which have a tendency to involve the ears, and also because the anatomical communication between the labyrinth, middle ear and cranial cavity is more extensive. The disease process may be limited to the cochlea or vestibule and semicircular canals. The following are notes of a case in which the cochlea alone was involved through an embolus:

"Mrs. B. had a severe post-partum hemorrhage. A few days later she complained of severe subjective noises and deafness in one ear. The deafness re-There was no hismained permanently. tory of any previous ear trouble, and the drum membrane seemed normal. At no time was there any disturbance of equilibrium or vertigo. May arise idiopathically, producing hemorrhage, embolus or inflammation, or through external influences, as in sunstroke, trauma such as skull fractures at the base of skull, when petrous part of the temporal bone, which volved; also from general and organic diseases-Meniere's disease, scarlet fever, diphtheria, measles, syphilis, pernicious anaemia, rheumatism, malaria, influenza, Bright's disease, typhoid and mumps. Meniere's disease, so called after Meniere, who in 1861 described a disease with a triad of symptoms, namely vertigo, vomiting and deafness. Today it is not considered a distinct entity, but merely symptoms that may be present in various pathologic states, such as inflammation of internal ear or embolus or hemorrhage in labyrinthine vessels. It is of interest to the general practitioner to hear of the possibility of a total arrest of the hearing function shortly after an infection by mumps. Very severe forms of deafness may also follow scarlet fever, diphtheria, cerebro-spinal meninigtis, hydrocophalus and acute and chronic encepha-Sudden and powerful condensation of air in the external auditory canal, as in a terrific explosion near the head, may cause temporary or permanent disturbance with hearing. Also sudden changes of air pressure, as in caisson workers, divers and aeronauts. In caisson workers gas emboli have been found in the labyrinthine vessels. It seems that gas is produced under such conditions which circulates in the blood. When exposed to continuous. moderately loud noises, as in the case of boilermakers, coopers, locomotive engineers and firemen, blacksmiths, the hearing suffers. The auditory nerve more than any other nerve of special sense is susceptible to the toxic influence of drugs in the circulating blood. The following may be mentioned: Quinine, salicylic acid, morphine, tobacco and alcohol, causing temporary, often permanent effect, with subjective noises and deafness, either through large doses or when continued over a long period. Quinine may produce its toxic effect in from one to three hours. In small animals experimented upon with this drug, hyperamia and hemorrhage in internal ear were found. Amongst other causes of deafness I may mention great grief and also fright, which may be either of temporary or permanent duration. Cases are also on record where an acute inflammation of the labyrinth would arise when telephoning during an electrical storm.

"Diseases of the middle ear, however, are the most important factors in bringing about changes in the auditory nerve apparatus. It is met with in the acute middle ear suppurations, particularly after scarlet fever. In these cases the pus ruptures into the labyrinth. It may also happen that through invasion with microorganisms, or through toxic infection, a

serious inflammation of the labyrinth may occur. Here no rupture of the labyrinthian wall takes place. The symptoms are the same as in the purulent form, and the hearing may return to normal. Labyrinth suppuration more frequently follows chronic middle ear suppuration, particularly in those cases which are accompanied by cholesteatoma, which are cheesy, ill-smelling collections of degenerated skin tissue, and which have the power to eat their way through even the hardest bone; also follows tuberculous middle ear suppuration, and through sepsis brought about by pus retention in neglected cases, causing erosion of the bony labyrinth capsule. It is in connection with suppurative labyrinthine diseases especially that much original work has recently ben done. symptoms that we find in acute labyrinth suppuration are due to irritation and loss of function. These are vertigo, spontaneous nystagmus, loss of equilibrium and occasionally vomiting from the vestibular apparatus; and from the cochlea we get subjective noises and deafness. chronic cases symptoms are often latent, but in cases of rupture of pus into labyrinth or by wounding of labyrinth they may be very pronounced for a time, soon, however, losing their intensity, so that vertigo, nystagmus and subjective noises disappear, while loss of equilibrium, particularly when eyes are closed, continues. All that may be left to guide us as to the condition of the labyrinth is the tuning fork test. In a suspected case of suppuration in the internal ear we inquire into the hearing, subjective noises in the ear, function of equilibrium, vertigo, vomiting, as well as the begining and course of the middle ear suppuration. After removal of the pus we may find a small or large perforation or even total destruction of the drum membrane; upon the

promontory which is the first turn of the cochlea, there may be granulation tissue, the ossicles partly or entirely exposed or necrotic, and often cholesteat matous masses are seen to hang down from the roof of the tympanum. I shall go a little more into detail with regard to some of the symptoms.

"The subjective noises called tinnitus aurium may be due to'a distinct intralabyrinthine cause, and may be described as hissing or of a whistling character, which may be compared to the noise of a kettle of boiling water, whilst occasionally musical notes are complained of. Vertigo is to be differentiated from vertigo found in refractive errors, eve muscle paralyses, acute and chronic infectious diseases, intoxications, such as from alcohol, quinine, salicylic acid and nicotine; from circulatory diseases, nephritis, diabetes, tuberculosis; nerve diseases, neurasthenia, hysteria, hemicrania; and from that found in stomach diseases. cases formerly believed to be of gastric origin are now known to be due to internal Labyrinthine vertigo may ear disease. manifest itself in either of two ways, gen-The general form may eral or specific. be present in all instances where there is undue pressure within the labyrinth, and is due to a general disturbance of the labyrinth, or to some force acting directly or indirectly on oval window. May be the result of too forcible syringing. the drum membrane is perforated the use of too hot or too cold water may cause vertigo; for that reason the patient should always be seated while his ears are being syringed. The specific form is due to irritation of one or other semicircular canal. If the horizontal objects have a tendency to rotate in a horizontal plane from the affected toward the sound side; if superior, objects rotate in averticle plane and patient tends to fall forward: with posterior, backward. Nystagmus is not a specific symptom since it is found in various brain conditions such as tumor, cerebellar disease, meningitis, sinus thrombosis, multiple, sclerosis, etc. There are two distinct types, the ocular and labyrinthine. Each is a symptom of disease or irritation, and may be horizontal, vertical, rotary and mixed. In ocular nystagmus the movements of the eyes are equal, while in labyrinthine they are unequal, being composed of two movements, a quick and a slow. The slow movement is from the irritation in labyrinth; the quick, from cortex reflex, and is an attempt by the brain center to bring eyes back to normal position. Labyrinth nystagmus creased in severity when already present or brought to light when latent by certain tests. Vertigo always goes with it. In ocular form there is a distinct diminution of vision and no vertigo. There are several tests used in the diagnosis of nystagmus. I shall describe three.

- " 1. The tuning test.
- "2. The caloric test.
- "3. The fistula test.

"1. In the turning test the patient is placed on a revolving chair, which is turned rapidly ten times in a direction opposite to the ear being examined, the patient having his eyes fixed to the same side as the examined ear. The nystagmus produced in a normal person will be to the side being examined.

"2 In the caloric test, which was devised by Barany of Vienna in 1907, the patient is seated with his head supported by an assistant. From a fountain a stream of water is allowed to flow into the auditory canal. If the temperature of the water is anywhere from 75 to 90 degrees F., in one or two minutes a slight

nystagmus to the opposite side will be produced. The syringing is stopped as the symptoms continue to increase for another minute or two. If too long continued nausea or great dizzines may result. If water of 106 to 110 degrees be used, the nystagmus will be on same side as injection. If water of body temperature, no nystagmus will result, as there will be no flow of endolymph to stimulate the hair cells. These are normal reactions.

"If there be a localized suppuration in labyrinth there will be a spontaneous nystagmus directed toward affected side. Syringing with cold water will intensify the nystagmus. In case of diffuse suppuration in the labyrinth there will be set up a spontaneous nystagmus toward the opposite side having its origin in good ear Syringing with hot or cold water brings no response, as the nerve is destroyed. standing there will be even no spontaneous nystagmus, for the brain will have gotten accustomed to work without the aid of affected labyrinth. In cerebelar tumor, abscess or meningitis limited to cerebellar region, there will be spontaneous nystagmus directed toward affected side. A cerebellar tumor should be suspected where there is no inflammation of the middle ear, and a pronounced rotating nystagmus is present. If there be pronounced spontaneous rotating nystagmus directed toward the affected side; in a case of suppurative middle ear disease. without fever, but with severe deafness, and there is no response to the cold water syringing, the patient very probably has a cerebellar abscess.

3. The fistula test had its origin in an experiment of Ewald, profesor of physiology at Strasburg. He inserted a fine canula having a rubber bulb attached to it into an opening he made in the horizontal semicircular canal of a pigeon.

Pressure of the bulb produced marked This test may be used to nystagmus. ascertain whether a fistula be present. All that is necessary is to press in lobe of ear and then relaxing, in this way causing condensation and refraction of air. In case fistula is present, vertigo and nvstagmus will result. Of great importance are the hearing tests. On the affected side there will be diminution of hearing to total deafness for the speaking voice and The watch will not be heard whisper. either over the bone or when held in front of ear. More characteristic are the tuning fork findings. In the Weber test, when the tuning fork is placed in the center of the forehead it will be heard on the healthy side, while in middle ear disease it will be heard on the affected side. In the Rinne test, when tuning fork is placed first over the mastoid process and when the patient no longer hears it, it will again be heard when transferred in front of ear. The third test is the Schwabach, and indicates that the bone conduction is diminished. Usually the first symptom of labyrinth suppuration is the lessened duration for hearing of the high tones, and this may be considered almost pathognomonic.

"Course. In acute middle ear suppuration complicated by labyrinth suppuration, basilar meningitis through extension from the cochlea, and death may take place. On the other hand, may get well with hearing function retained. The chronic cases are more frequently followed by intracranial invasion.

"Indications for Treatment. Of late

many labyrinth operations are being done. There is a wave of over-enthusiasm present which ultimately, when the contraindications will be more generally recomnized, will pass. It was the same with radical sinus surgery. A few years ago there was a great deal of it done. Professor Killian himself, the inventor of the best radical frontal sinus operation, has done but one this year. Not long ago in a large hospital in an eastern city I saw a patient who a couple of days following a radical mastoid operation showed some labyrinth symptoms, for which he had his labyrinth opened up. This was soon followed by meningitis and death. One might have waited with the labyrinth operation. Since nature, by walling off an infected area, comes to our aid so frequently, one should content himself in acute cases where labyrinth symptoms are present with making a wide opening in antrum, except when positive meningitis symptoms arise. In chronic cases, where some function of vestibular apparatus and hearing to speaking voice be present, even though a fistula be found upon the horizontal semicircular canal, the operation should not be done.

"The operation is indicated where the labyrinth no longer functionates, especially where the middle ear is complicated by cholesteatomia or tuberculosis, even though a fistula be not present. Following a radical mastoid operation, should meningitis arise, labyrinth operation is indicated."

Address by Hon. E. L. Medlar, Before the New Mexico Medical Society, Albuquerque, Sept. 30, 1910

Mr. President and Members of the New Mexico Medical Society:

I am indeed sensible of the great honor conferred upon me in being requested to address this meeting of the New Mexico Medical Society, composed as it is of the members of a profession occupying the highest and most useful sphere in the community and whose science has been developed through the course of centuries —a profession to which none are eligible who have not devoted many years of study in acquiring a knowledge of its science and practice. I am also sensible of the difficult task I have voluntarily assumed in attempting to address you upon a legal subject in view of the learned and interesting papers that will be presented to your society at this meeting by your own members. When your committe solicited me to make a short addres to your society they left the choice of the subject to me, merely requesting that it have some reference to the relation of the medical profession to the law. The general subject of the relation of the medical profession to the law would cover a large field of discussion; it would comprehend the right of physicians to practice under the present statutes in the various states, and the limiting of this right to particular schools; it would comprehend the status of the physician as a plaintiff in a suit seeking to recover some fee justly due or claimed by him, or his status as a defender resisting some fancied or actual wrong committed upon some patient; it might include his

status as a witness in either a criminal or civil cause involving the determination of some probative fact as to which the physician is capable of giving expert testimony, or the establishing the existence. cause and effect of wounds, poisons or the means of death. It might also include the status before the law of individuals pursuing vocations commonly recognized by many people as relating to the general business of curing ills and the relieving of suffering which you do not recognize as legitimate schools. You can readily see that the subject is a vast one, and the courts of the country have been frequently resorted to to settle such questions. I have limited myself to a subject. however, which I think may prove of some interest to you, viz: The strictly legal duties and liabilities of physicians and surgeons, and in the time allotted me I will only try to treat the subject briefly, large as it is, eliminating from the subject any discussion of the duties of practitioners of Christian Science, Mental and Magnetic Healers and others of a like class, and their responsibilities to the public-a field of inquiry which constitutes a very large and interesting branch of the law.

Blackstone, in his preliminary observations upon the study of law in his commentaries advises physicians to acquaint themselves with the law as a means of broadening their knowledge. We well know in this day of rush and hurry that very few physicians have any opportunity to acquaint themselves with the principles of law applicable to themselves as a class, let alone acquainting themselves with the general principles of law as a branch of their general education.

Physicians and surgeons were early known to the law. We find mention in Blackstone to an ancient law of one of the continental cities, where it was made a crime punishable by death to draw the blood of a human being in the public street. This of course had reference to assaults and combats, but a physician finding a man sick in the street, went to his assistance, and in treating him bled him, and thereupon was charged with a violation of this law.

While the ethics of your profession today, as I understand it, require that you should at all times render your best service to the sick and suffering regardless of any consideration or expectation of remuneration, in law there is no legal obligation upon your part to do so. This was the rule at common law, and it is the legal rule today. The fact that the state has set you aside as a preferred class in the community, I might say, requiring you to have a proper license showing your ability to practice your profession and tacitly guaranteeing to the public that you are possessed of the required education and qualifications to pursue your vocations, has placed no obligations upon you to accept any particular patient, even though the patient may be willing to pay your fee or tenders it in advance, and even though you may be the only physician in the community. It may interest you to know that in Indiana it was attempted to hold a physician liable in damages for arbitrarily refusing to attend a patient, where by reason of such refusal the patient died, and the physician was the only one in the community, but the supreme court of Indiana in 1901 held the action would not lie. If the physician was subjected to a different rule, it would tend to degrade the profession, he would be put on a par with a public servant, he could not select his patients, and would be subject to the beck and call of any one; in fact, in law he would be in the same category as an innkeeper or a common carrier who is compelled to accept and carry any one who offers himself and pays the price. There is then no legal duty upon you to accept any call, but having accepted a call, we will now briefly inquire into the legal duties and obligations of the physician, his engagements and responsibilities.

First, then, as to the general duty of the physician, and in discussing the question the same legal principles apply to physicians and surgeons alike.

In accepting the call to administer to a patient, an employment is created which constitutes in law a contract. The physician upon his part impliedly contracts that he possesses that reasonable degree of skill, learning and experience which is ordinarily possessed by others of his profession, and that he will use reasonable and ordinary care and diligence in the treatment of the case committed to him: that he will use his best judgment in all cases of doubt as to the best course of treatment. He also engages that he will use his best judgment and skill in deciding upon the nature of the disease, the best mode of treatment, and that he will at all times use reasonable and ordinary care and diligence in the treatment of the case. The physician undertakes that he possesses that reasonable degree of learning and skill which is ordinarily possessed by the professors of that art, and which is

ordinarily required by the community and by those conversant with the employment as necessary to qualify him to engage in the business. He also impliedly contracts to employ in the treatment of the case such reasonable skill and diligence as are ordinarily exercised in his profession by thoroughly educated physicians, and to use all known and reasonable means to accomplish a cure, and in treating the disease, to bring to his aid such obtainable remedies and appliances as discovery and experience have found to be the most ap. propriate and beneficient in aiding recovery. While in some cases the best and most appropriate appliances or remedies may be very simple and commonplace, yet it may sometimes require the highest type of skill to apply these simple appliances to aid nature in its healing processes, and this type of skill he engages to apply with reasonable care and diligence.

At the outset of the employment, if the physician knows himself to be incompetent to treat the case, he should recommend the employment of another physician. If he knows that he is competent but is uncertain or in doubt as to the nature and extent of the injury, he must use his best judgment as to whether he should consult some other physician or not.

Having accepted the employment to attend upon a sick person, the employment continues while the sickness lasts, unless put to an end by the assent of the patient, the parties calling him and the physicion, or revoked by the express dismissal of the physician. The physician is bound to bestow such reasonable, ordinary care, skill and diligence as physicians in the same neighborhood, in the same general line of practice, ordinarily have and exercise in like cases. Time and locality are to be taken into account, and the physician is bound to exercise the average

degree of skill possessed by the profession in such locality. In the absence of special agreement, his engagement is to attend the case as long as it requires attention, unless he gives notice of his intention to discontinue his visits, or is dismissed by the patient or the person employing him; and he is bound to exercise reasonable and ordinary care and skill in determining when his attendance should cease. His engagement is not to cure the patient; that is, he does not insure that mere failure to effect a cure does not even raise a presumption of a want of preper care, skill and diligence. It is the duty of the patient to co-operate with the physician and to conform to his prescriptions and directions, and if he neglect to do so he cannot hold the physician responsible for his own neglect. On the other hand, he has a right to rely upon the instructions and directions of his physician, and incurs no liability by so doing.

The physician or surgeon does not undertake to effect a cure, and the law raises no implication that he will cure the patient, nor does the surgeon undertake to use the highest degree of skill; he only undertakes to bring a fair, reasonable and competent degree of skill, using such diligence as is ordinarily exercised in his profession, with a proper regard to the advanced state of the profession at the time.

You will note that a distinction is made between a reasonable degree of care and skill and the highest degree of skill. Every one who enters a learned profession undertakes to bring to its exercise a reasonable degree of care and skill. This is the general rule. If physicians or surgeons were charged to exercise the highest possible degree of skill and care, it would result in interminable lawsuits and there would be very few physicians or surgeons—only the very few which you yourselves

recognize as being at the head of your profession, as they alone would be competent to exercise the highest degree of skill.

Your contract for service is not one of warranty, but only that you possess and will use reasonable skill, judgment and diligence, such as is ordinarily possessed and employed by members of your profes-There is no implied warranty in your contract; a warranty can only exist by express provision to that effect. That is to say, if you guarantee a cure, which I imagine very few of you would do, then you would be liable in damages for failure to cure, nor could you recover for your services unless you had cured. All that your contract implies is that you possess the requisite skill to treat the case, and that you will use reasonable care and diligence and your best judgment to effect a cure.

The rule as to specialists is the same, as, for instance, one who attempts to treat an eye as a specialist must have that degree of skill and knowledge which is ordinarily possessed by physicians who devite special attention and study to the treatment of the eye; and he must exercise his best judgment in the application of his skill and use ordinary care in the performance of the operation.

As to the manner in which the relation of physician and patient shall be carried on a good deal is left to the physician himself, it is for him to determine the necessity for and the frequency of his visits, and the physician is entitled to compensation for such visits, if the party employing him accepts his services and does not discharge him or require him to come less frequently or fix the times when he wishes him to attend. The patient cannot afterwards refuse to pay for visits upon the ground that they were unneces-

sary. The duration of the employment continues while sickness lasts, unless put an end to by the assent of the parties or revoked by the express dismissal of the physician.

After accepting the call, it is the duty of the physician to attend, and he will be liable if he fails to attend, for any injuries the patient may suffer. The physician is also authorized to continue his visits for such length of time as is necessary; he is the judge of the necessity, and may recover for such esrvices.

The question as to the necessity of further visits is presumed to depend the physician's judgement. The discontinuance of visits may be determined by the original employment, or by notice from the paitent to the physician that his services are not needed, or by notice by the physician to the patient that he will not return, or by the judgment of the physician that further visits are not necess ary. In the latter event the physician will be liable if the condition of the patient is such that an abandonment by the physician will probably work an injury. The physician is charged to exercise reasonable and ordinary care and skill in determining when his attendance should Where the physician is employed as the family physician, treating the members of the family, he is the best and proper judge of the necessity of frequent visits, and in the absence of anything to the contrary, it will be presumed that all the professional visits made were deemed necessary, and were properly made. As is said in a California case: "It would be a dangerous doctrine for the sick to require a physician to be able to prove the necessity of each visit before he can recover for his services. This is necessarily a matter of judgment, and one concerning which no one, save the attendant physician, can

decide. It depens, not only upon the condition of the pattient, but, in some degree upon the course of treatment adopted."

In a case in New York state, where a physician is engaged to attend a patient with-out limitation of time, he cannot cease his visits except, first, with the consent of the patient, or secondly, upon giving the patient timely notice so that he may employ another dortor; or thirdly, when the condition of the patient is such as no longer to repuire medical treatment, and of that condition the physician must judge at his peril. This case further held, it may be of interest to note, that in case of a charity patient, even though the physician is not to be paid for his attendance he is still bound in law to treat his patint with the requisite skill and the requisite care, and if at his last visit he notified the patient hat he was going out of town, and indicated a physician who would attend his case in his stead, his absence would be excused.

The question may arise where the patient receives treatment at your office. The relation should exist so long as medical atention is required, and here it is left to the judgment and discretion of the physician, and the physican must likewise exercise due care in determining when the treatment can be safely discontinued. No doubt in your experience, in office treatment, the patient fails to put in his appearance, the patient is then acting at his own peril. It was held in a case where the patient comes to the office of the physician from whom he receives proper treatment, and then fails to return for further treatment, in consequence of which he suffers injury, he is not entitled to maintain an action against the physician for such injury because it is his own default and misfeasance.

Having discussed the duties and obligtion of physicians, and surgeons also for the same legal rules apply to both, I will endeovar to briefly call your attention to some of the legal liabilities which have not heretofore been incidentally mentioned in treating of your legal duties.

I have referred to the fact that the physician does not undertake to effect a cure, nor can he be held liable in an action if he fails to cure, unless he has expressly warranted or agreed that he will effect a cure, and that you are only called upon to exercise reasonable skill. The courts in defining the skill and care required in the treatment of a case have used such words as "proper" "reasonable", "ordinary", care. These words mean practically the same thing. They mean that such care must be used as would ordinarily be regarded as proper, under the circumstances of each particular case.

The law does not require that the skill of a physician be that of thoroughly educated persons, only. It merely requires that it shall be of the average, having regard to the improvements and advanced state of the profession at the time of the treatment. To those of you who are practicing in small communities, where there are not many of your brothers in competition with you, you are not held to the same degree of accountability as those practicing in the large cities. This may seem a novel proposition, but the reason for the rule is sound. For instance, if he held that a physician practicing in a small village who undertakes to preform a difficult operation is bound to posess that skill and ability only which physicians and surgeons of ordinary ability and skill practicing in similar localities with opportunity for no larger experience ordinarily possess. He is not bound to possess the high degree of art and skill

possessed by eminent surgeons practicing in large cities. If this were not the rule people in small communities might be denied such help as the physicians or surgeons in their neighborhood might willingly render them, where if the physician's liability was otherwise, they might hesitate to preform any service at all.

The general rule, which is the safest and most reasonable, may therefore be stated to be, that in determining what shall constitute the reasonable and ordinary skill and diligence which it is the duty of a physician to possess and exercise, the test is the degree of skill and diligence which other physicians in the same general neighborhood and in the same general line of practice ordinarily have and practice.

Great care should be exercised by the physician in writing or preparing his prescriptions, for he will be liable for the death of a person who is killed by taking a prescription which he has improperly written by mistake or through negligence.

No doubt you are perplexed as to the proper treatment in some cases. When this happens, the law only insists that you should exercise your best judgment. Should your patient under your treatment grow worse and become better when your services are dispensed with, have no fear as to your legal responsibility, as this of itself is no evidence of malpractice. Nor is it any evidence of malpractice that injured limbs may be slow in healing, and when healed at last may be imperfectly healed. If a leg turns out, after having been set, to be shorter than the other, this does not of itself establish the fact that your treatment may not have been skilful.

A physician is not liable because injurious results follow the treatment unless the condition of the patient is such that ordinary professional inteligence and skill would teach him that such results would follow.

It is to be presumed that every physician in the practice of his profession, through professional pride, exercises his best judgment, and no matter how careful he may be, errors in judgment may sometimes arise. There is no legal liability upon you for error in judgment, unless it is so gross as to imply a want of due care and skill. Care of course must be exercised in your professional employments, and so long as you keep within recognized and approved methods you will not be liable for the consequence of errors when they are those of judgment only.

All the physician undertakes is that he will faithfully treat the case according to the recognized rules of his particular school. He is expected to practice according to his professed and avowed system. The skill of the physician is to be judged by the school of practice to which he belongs, and when one professes to adhere to a particular school of practice, he must come up to at least its average standard.

When there are reasonable grounds for doubt and difference of opinion the professional man, after the exercise of his best judgment, admitting that he possesses the necessary knowledge, is not responsible for errors of judgment or mistakes, and is not chargeable with error where such rreor could not have arisen except from want of, or exercse of, reasonable skill and diligence.

While the law recognizes that medicine and surgery is a progressive science, and that physicians must keep up with the present state of the art, it jealously guards the rights of the patient. No experimenting upon the patient is allowed. The rule is very strict against trying experiments, so that it would seem that any advance-

ment in the art must be at the personal risk of the physician rather than the patient, and any deviation from the established mode of practice is sufficient to charge he physician or surgeon in case of any injury arising to the patient. If the ordinary and established practice of the profession is to treat an ailment in a particular manner, and the attending physician adopts some other mode that proves njurious, it is immaterial how much skill he possessed, since his failure to exercise it constitutes negligence.

Care must be exercised by the physician in giving proper instructins to the attendants and nurheh. Failure to give the proper instructions to the attendants is culpable negligence. In one case it was setting a broken leg, may be negligent in held that a physician, not negligent in not giving proper instructions as to the care and use of it when the bandages are removed, so as to beliable for an injury resulting from the insufficient instructions.

Cases have arisen where the acts of others have resulted in injury to the patient. As to these acts, such as carclessness of the nurses, the physcians connot be held liable unless some carelessness of the nurses, the physician cannot be held liable unlesssome carelessness of his own contributes to the injury. Thus it has ben held that the physician is liaale for his own acts, although the acts of others may agrivate the injury. So, if the improper treatment makes the in-Xjury unavoidable, an action against the physician will not be defeated by the fact mismanagment or negligence of the nurses may aggravate the case. A physician. however, is not liable for the negligence of nurses ina hospital where the patient is placed, over whom he has no control. It has also been held that a physician is not ilable for the injuries resulting from

too great heat in a bath which he has ordered for a patient and left to the nurse to be adminisered, if he is not present and did not assist in preparing the bath. If the parents of the patient who attempted to nurse him did not follow directions, and so were contributors to the injury, no recovery can be had against the physician.

The fact that the physician may be attending a charity patient makes no difference in his liability to answerXe for his want of reasonable care and skill. In one or two early cases it was held tha reasonable care, skilland diligence are not necessary in cases where the services were gratuitous. These cases are now overruled, and the law now requires the same degree of care of a physician and surgeon when his services are gratuitous as when he receives compensation therefore. The fact that no bill for servces has been rendered to the patient, is immaterial in an action against the physician for malpractice, as youcan readly understand that in some cases actions could very asily be defeated if the physician by his own act in freusing or faling o render a bill could thus be absolved from liability.

To those who may be associated in partnership, the same liability attaches as in an ordinary business partnership. Each partner in the practice of medicine is liable for the acts of his assocate partner when within the scope of the partnership business, i. e. the practice of medicine. It has even been held that a surgeon is answerable for the want of proper skill of his apprentice.

New Mexico has been fortunate in never having had any cases against physicians in its courts fo malpractice, so far as I know. Thi speaks well of the profession here. Should such cases arise in the future, they will be governed entirely by the cicumstances of each particular

case; the jury will ebthe proper judge as to whether you have exercised the requisite skill, knowledge and diligence in each case, and should any of you be so unfortunate as to be called upan to defend such an acon, the plaintiff w lilbe equired to prove that the injury was produced by the treatment and that the physician did not exercise ordinary skill and care. This buden wil be upon him. You will find though that your general reputation for skill and learning will be immaterial, and should any of ouy be generally reputed to be negligent and unskilful, proof of this will not be allowed to establish the negligence or unskillful treatment in the particular case. The patient will only recover for the additional pain and suffering caused by the malpractice, and not for the pain and suffering caued by the original injury.

The subject upon which I have attempted briefly to address you is a large one one that has brought many cases nto the courts for dtermination, and I have only tried to lay before you general principles which I deem may be of interest to you. If I have interested you, or acquainted you with some things which may be of benefit to you, or guide you in your practice in the future, then my task has been a pleasure and gratification to me.



Body Temperatures, What They Mean and How to Regulate Them

When I began the preparation of his paper I believed that I knew what body temperature meant, and Ihat I knew as well how to regulate them. As I persued my investigations further and further I became less and less certain of my knowledge, and now, after a most caeful and painstaking study of the subject, I am convinced and ready to admit that I do not know what they mean, except empirically, therefore the paper which I at first outlined and proposed to read here is not the one which I shall present today.

So many factors enter into the production, the modification and the regulation of body temperatures, so many conditions and processes retroactively influence and are influenced by them that it seems to me that in the present condition of our knowledge relating to the physio-chemic changes which take place in the body, and the agencies which cause and control them our supposed knowledge regarding the meaning of temperatur variations is no knowledge at all, but simply conjecture, more or less intelligent, that thermometry as usually practiced is a snare and a delusion when depended upon as a guide to diagnosis and treatment, and that if it were not for the fact that under all except the most favorable circumstances the balance between heat production and heat dissapation in the body is automatically maintained within safe limits by the nerve machinism · provided for that purpose, we should be absolutely unable to regulate them by any means at our comTemperature in the animal organism is the index of the difference between heat production and heat dissipation, and it is modified by every physical, physio-chemical and mental process which takes place within, as well as by every influence which reaches the organism from without.

A thermometric reading higher or lower than that usually considered to indicate a normal temperature does not necessarily mean that a pathological process is occurring within the organism, even when it reaches a degree which is commonly believed to indicate grave danger.

Body temperature under normal conditions is a variable quantity, and constantly changing. Under conditions of perfect health we will find in different parts of the body a range greater than that commonly allowed between dangerously low temperatures and those which are considered to be dangerously high, amounting, according to some observers to 5.6 degrees C., or 10. 08 F.

Under the influence of age, periodicity, sex, race, occupation habit and climate alone, the normal range for any particular point in the body is approximately 1.5 degrees C, and this range is increased upward by the influence of organtic activity, by increased metabolism, by the presence in the stomach of chlorin compounds formed in the process of digestion, by the augmentation of the amount of free or loosely combined oxygen in the body, and by active physicial or mentel exertion as well as by any influen which tends to retard the circulation, and by many other

agencies, and it is increased downward by acceleration of the bloodflow, by an increase in the amount of carbon dioxid in the blood, by a lessening of the amount of oxygen inspired, by a lessening of nutritive activity, by the influence of depressing mental emotions, and by any agency that promotes heat dissipation. To assert that the normal temperature of the body in health is 98.6 degrees F, or 37 degrees C., is to promulgate a very serious error when aplied to the use of the thermometer in diagnosis, as there may be wide varvariation even under normal conditions. and the difficulty of correctly estimating the value of the evidence given by the thervalue of the evidence given by the thermometer is infinitely increased when to these are added the variations due todisease processes, and by the fact that the temperature indicated by the thermometer is not necessarily th real body temperature of the tissues at the point with which it is in contact, and while it is quie likely to approximate closely the mean body temperature, it may be decidedly higher or lower in which case your thermometer will seriously mislead you if applied at only one point.

In view of the above facts I am throughly convinced that there is no other "instrument of precision" so- called, used by physicians, which in the present state of our knowledge, and under our present methods of using it so absolutely unreliable, is the clinical 'hermometer, that there is no one which so often misleads even the most honest and painstaking physician, and which is so damnably dangerous in the hands of a man who is not thoroughly versed in the proper manner of using it and in the knowledge of what are the modifying factors in body tempratures, and in how, and when and under what circumstances they act, (and I am afraid that

this includes the greater part of us, and I do not for a moment hesitate to assert that the man is apt to be many times a murderer who habitually bases his diagnoses and his treatment wholly or even largely upon the indications which he thinks he obtains from the evidence furnished by his clinically thermometer with out having first most carefully searched out the cause and the meaning of all accompanying symtoms and having given the most exhaustive consideration to the possible influence of all conditions which might under any circumstance modify the manifestations of heat production, having first thoroughly informed himself in regard to every phase and channel of their influence.

I would not be understood as understing the importance of the advances which have been made in scientific medical practice or as even intimating that modern methods as applied to diagnosis, are not far in advance of those of even a quarter of a century ago, when such methods are intellingently and skillfully and painstakingly applied but I do declare that it is my opinion that the old time physician who gained his impressions of temperature conditions from appearance, the feel and the action of the skin and state of the circulation as indicated by the pulse, and who judged of the potency and the gravity of complications present and potential from the condition of the tongue, the state of the pupils, the action of the stomach, bowels and kidneys, and the disturbance of the nervous system, was a better practitioner, a more useful member of society, a more rational and exact diagnostician and a man more worthy of the confidence of the public. than we are today if we rely chiefly on the findings of our modern diagnostic instruments

wihout giving due consideration to those things upon which the older man based his conclusions.

Body temperature being, as before asserted, the index of the difference between heat production and heat dissipation in the organism, the rational means to use its regulation are: First, to correct the condition upon which the irregularity depends, thus decreasing or increasing heat production, as the case may be, and second, to use such means as will increase heat dissipation or decrease it, depending upon whether your temperature is sub-normal or super-normal.

Your first indication will be met in a large majority of cases (and to a certain extent the second also) by the use of purgatives, of which the most widely applicable will probably be the salines and mercurials; refrigerant diuretics, so-called, the alkaline acetates and citrates, digitalis, and the use of considerable quantities of water per os and per rectum being those which you will find most useful; and diapnoretics, the most valuable in a majority of cases being aconite, veratrum viride, the wet pack and warm drinks.

If your temperature is dependent upon a local congestion, either external or internal, but especially the latter, use a vascular dilator, of which the most widely applicable are, alcohol, sulphuric ether, nitrous ether, nitroglycerine, ammonium acetate and moist heat, and if you think an antiseptic to be indicated, you will get results from quinin, salol or the sulphocarbolates.

A large number of the agents mentioned above promote heat dissipation in addition to the specific action for which they have been recommended,

but there are several other agencies which will materially assist, among them the removal of all covering from the patient's body, light massage or flesh brushing, and surface sponging, either one to be used continually for a considerable period, and repeated at frequent intervals. If you have never tried the latter procedures, give them a fair trial on your next fever case, and I am certain that you will be most agreeably surprised by the results.

You have all noted, no doubt, that this paper reads like an extract from a treatise on medicine a quarter of a century old, and that I have made no mention whatever of the newer remedies and the modern treatment more What's tne use? You have every one taken them up, are using them, and will continue to use them, in spite of anything I may say, and no matter whether or not you know what are their actions or when they are indicated, many of you simply because some one high up in the profession has looked upon them and declared that they are good. It is a waste of time to advise a man to do what he is alreadv engaged in. If you know nothing different, better keep quiet. For this reason I am calling your attention to these old remedies, which have been thoroughly tried out, and the action of which is definitely known, not asking you to give up your newer remedies in their favor, but advising that they be used when rationally indicated, rather than the more powerful and dangerous ones, the incidental and accidental actions of which the most of us do not know.

Gentlemen, some of the assertions which I have made here today were

made because, as a result of my own experience and observation, I am convinced that they are truths, and it would require very definite and positive proofs to the contrary to convince me that I am mistaken. Some I have made because I believe arguing from analogy, that they are probably true, and in regard to these I am open to conviction, and others I have made be-

cause other men, in whose honesty and ability I have confidence, have made them; but there are yet many points in connection with this subject, and very important points, too, which I have not touched upon, because I know that I know nothing about them, and these points, as well as those touched upon in this paper, I hope will be brought up and threshed over in discussion:—Dr S. A. MILLIKEN, Silver City, N.M.

Cotton Seed Oil as a Nutritive

Nutromul (Brown's Cotton Seed Oil Emulsion) possesses two features that lift it far above the average list of tissue foods and reconstructives—two features which should at once gain the favorable consideration of physicians alert to discover new therapeutic agents of promise. These features are unquestionable effectiveness and palatability. Nutromul is an emulsion of cotton seed oil with the hypophosphites. Cotton seed oil, by reason of its unexcelled nourishing properties, has come into wide vogue as a tissue food, its main

province of usefulness being in protracted convalescence, such as frequently follows la grippe and pulmonary inflammations, and in those diseases marked by tissue waste. Coupled with a carefully chosen dietary and mode of living, Nutromul has proven to be of great service in tubercular states. Its palatability permits its administration over a long period of time without distress of the gastric apparatus. A sample package may be had by sending your professional card to the Nottoc Laboratory, Atlanta, Georgia.

BOOK REVIEW

Practical Treatment

VOLUME I.

A Handbook of Practical Treatment. In three volumes. By 79 eminent specialists. Edited by John H. Musser, M. D., Professor of Clinical Medicine, University of Pennsylvania; Volume I, Octavo of 909 pages, illustrated. Philadelphia and London; W. B. Saunders Company, 1911. Per volume: cloth \$6.00 net, half morocco \$7.50 net. W. B. Saunders Company, Philadelphia and London.

The first volume of Musser and Kelly's "Handbook of Practical Treatment" sets a high standard for the remaining volumes. It is needless to speak of the ability of the editors, and a glance at the list of contributors is a sufficient guarantee that the work will, in completion, be an exhaustive treatise of all that is good in modern therapeutics.

The volume opens with a chapter on "The Fundamental Principles of Therapeutics," by Doctor Musser, followed by a series of chapters by different authors, each eminent in a special line, devoted to a discussion from a general view point, of various therapeutic measures among which we find prophylaxis, diet. drugs, rest, exercise, massage, mechanotherapy, psycotherapy, aerotherapy, electrotherapy, radiotherapy and others of a miscellaneous nature.

In Dr. Sewell's article on climate we note that the statement is made that El Paso has a population of 10,000 and "is in the northeast corner of Texas, and belongs climatically to New Mexico." This is true with the exception that El Paso is in the extreme southwestern part of Texas and has a

population of over 35,000. Climatically it bears no resemblance to eastern or northeastern Texas. This, of course, is an error which will be corrected in later editions.

A chapter that will meet with approval is that on "The General Care and Management of the Sick and the Treatment of Slight Ailments," as few textbooks give them sufficient space.

The index to this volume is particularly good; the illustrations clear and explicit; the printing all that could be desired. That the work will be a most valuable addition to our libraries is unquestioned and we commend it to the profession.

Diseases of the Skin

New (6th) Edition, Revised

A Treatise on Diseases, of the Skin. For the use of advanced students and practitioners. By Henry W. Stelwagon, M. D., Ph. D., Professor of Dermatology, Jefferson Medical College, Philadelphia, Sixth edition, revised. Handsome octavo of 1195 pages, with 289 text-illustrations and 34 full-page colored and half-tone plates Philadelphia and London. W, B. Saunders Company, 1910. Cloth \$6.00 net, half morocco \$7,50 net. W. B. Saunders Company, Philadelphia and London.

The fact that six editions of Doctor Stelwagon's book have been necessary in eight years speaks much for the value of this standard work on skin diseases.

In this edition the obsolete and unnecessary has been eliminated and much new matter inserted. The article on pellagra—a disease which is causing us much concern nowadays—

has been entirely re-written and over a page of references to the recent literature of this interesting subject.

Grain-mite dermatitis, brown tail moth dermatitis (so far unknown in this section of the country) are both discussed in this edition, as are also some diseases of the skin peculiar to the tropics.

Liquid air and carbon dioxid, known as therapeutic remedies, are mentioned among the Lewer remedies and their uses given.

New illustrations are added where necessary.

The Practice of Surgery

By James G. Mumford, M. D., Instructor in Surgery in the Harvard Medical School. Octavo of 1015 pages, with 682 illustrations. Philadelphia and London: W. B. Saunders Company, 1910, Cloth \$7.00 net; half morocco \$8.50 net.

Doctor Mumford's "Practice of Surgery" is a pleasing departure from the surgeries which we have been accustomed to see. This is essentially a clinical surgery and one for practical use. It presupposes some knowledge on the part of the reader and is not burdened with long chapters on various subjects that should properly be found elsewhere and in other works.

Beginning with appendicitis, the author takes up diseases in their order of frequency and importance and gives one operative procedure for each subject—this of course being his method of choice.

The well known ability of the author and his pleasing ctyle of writing makes this surgery one that should appeal to the general practitioner wherever located. It is a pleasure to note the general tone of approval which this work has met, if reviews are any competent guide, and they ought to be.

It is greatly to be regretted that publishers find it more profitable to publish such works in one large volume rather than in two smaller ones. True, this is a library reference work, but one that will be largely used, and if it had been published in two volumes of five hundred pages each, bound in flexible leather, it would have been much easier of handling.

The illustrations, many of them original, are particularly good and show care in choice and drawing.

The work should find a place on the shelves of every progressive practitioner.

Hydrotheraphy

A Treatise on Hydrotherapy in General, Its Application to Sperial Affections, the Technic or Processes Employed, and Use of Waters Internally. By Guy Hinsdale, A. M., M. D., Lecturer on Climatology, Medico-Chirurgical College of Philadelphia. Octavo of 466 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1910. Cloth, \$3.50 net.

Doctor Hinsdale's work on hydrotherapy is a timely work on an important subject and one which has not received the attention that it deserves in this country, and we hope that this excellent monograph will stimulate more study of hydrotherapy among American practitioners.

The author goes into detail as to the various uses of water and the methods of application, and the book deserves careful reading on the part of the practitioner in search of information along the lines of the work. If we were in a criticising mood we would say that the mention of so many institutions using just such and such a douche table is hardly in place in a work of this sort. The need of having the best table for a certain purpose

seems apparent and the mention of the make of the table is legitimate, but why advertise so many institutions, or why advertise any?

Dr. Simon Baruch, to whom the work is dedicated, adds a chapter of interest and value.

The printer has done his work well, the illustrations being clear cut and the text all that could be desired.

A Mannal of Diseases of the Nose, Throat and Ear

By E. Baldwin Gleason, M. D., Professor of Otology at the Medico-Chirurgical College, Philadelphia. Second revised edition. 12mo of 563 pages, profusely illustrated. Philadelphia and London. W. B. Saunders Company, 1910. Flexible leather, \$2.50 net.

The second edition of Dr. Gleason's admirable manual presents all of the good points of the first edition besides many valuable additions. The text has been thoroughly revised, sixty pages of matter in the aggregate having been eliminated from the first edition while several important sections having been entirely rewritten. The formulary at the end of the work is a valuable adjunct and will be a ready reference for the busy practitioner. The limp leather binding adds much to

the ease with which the book can be used. We heartily commend this excellent manual to the man who is forced to do nose, throat and ear work and who is not a specialist.

Golden Rules of Diagnosis and Treatment of Diseases

By Henry A. Cables, B. S., M. D., Professor of Medicine and Clinical Medicine at the College of Physicians and Surgeons of St. Louis, Mo. St. Louis, Mo.: C. V, Mosby Company, 1911.

This is the latest volume of the "Golden Rule" series and is a welcome addition to the number. "The book is an epitome of a careful and extensive examination of the literature on the subjects considered, supplemented by the author's experience." and the matter so arranged as to present the facts in the most readily obtainable manner. It makes no effort at a detailed description of any disease but rather aims to call attention, by a series of "Remembers," to the leading points in the diagnosis and treatment of disease. As a means for a quick review of the chief symptoms of a given disease the work is commendable, and as such we recommend it to the consideration of our readers.

Sodium Cacodylate in Syphilis

Few articles appearing in the medical press in recent months have attracted more attention and comment that that by Dr. John B. Murphy, of Chicago, published in the Journal of the American Medical Association of September 24, 1910, in which the writer detailed the striking results obtained by him through the hypodermic administration of Sodium Cacodylate in the treatment of syphilis. Physicians who have not seen the article in

question will be interested in the following abstract, as published in Theraputic Notes:

"Administration in doses of ½ to 2 grains hypodermically, its action was prompt and efficacious. Chancres became clean ulcers without induration in forty-eight hours; mucous patches cleared up in twenty-four to forty-eight hours; ulcers of the palate and pharnyx healed in three to six days. In a child nine months old

Volume VI

APRIL, 1911

No. 7

$E \cdot D \cdot I \cdot T \cdot O \cdot R \cdot I \cdot A \cdot L$

The Councillor Districts as arranged by the members of the Council are as follows:

Dona Ana, Luna, Grant, Sierra, Socorro, Valencia and Bernalillo in charge of Councillor S. D. Swope of Deming.

Eddy, Chavez, Otero, Lincoln, Roosevelt, Torrance, Quay, Curry and Guadalupe in charge of Councillor W. T. Joyner of Roswell.

San Juan, Rio Arriba, Taos, Colfax, Union, Mora, San Miguel, Santa Fe and McKinley in charge of Councillor W. R. Tipton of East Las Vegas.

The secretary of the Territorial society desires to call the attention of the county societies to the fact that only two or three of them have so far reported the new officers. Below is a list of the secretaries of the various county societies as they appear on our lists. If corrections are to be made in this list it would be a favor to the secretary of the Territorial society if notification be sent him at once, together with the correct information.

Dona Ana, T. C. Sexton, Las Cruces. Chavez, C. M. Yater, Roswell.
Santa Fe, J. M. Diaz, Santa Fe.
Luna, S. D. Swope, Deming.
Torrance, C. D. Ottosen, Willard.
Grant, L. S. Peters, Silver City.
Las Vegas, W. E. Kaser, East Las Veass.

Otero, J. G. Holmes, Alamogordo. Eddy, E. S. Furay, Lakewood. Bernalillo, F. E. Tull, Albuquerque. Quay, R. J. Thompson, Tucumcari. Colfax, J. L. Hobbs, Gardiner.
Curry, A. L. Dillon, Clovis.
Roosevelt, H. F. Vandever, Elida.
Pecos Valley District Medical Society,
A. L. Dillon, Clovis.

Committee on Public Policy and Legislation of the New Mexico Medical Society.

Dr. E. B. Shaw, chairman, East Las Vegas
Dr. C. M. YaterRoswell
*Dr. T. B. HartRaton
Dr. J. A. MassieSanta Fe
Dr. T. C. SextonLas Cruces
Dr. G. K. AngleSilver City
Dr. S. G. Von AlmenClovis
Dr. R. J. ThompsonTucumcari
Dr. CowanCarlsbad
Dr. C. J. Amble
Dr. P. M. SteedDeming
Du Commone
Dr. GarmanyPortales
Dr. J. G. Holmes Alamogordo
•
Dr. J. G. HolmesAlamogordo

Proposed Amendments to the Constitution.

The following amendments to the constitution are to be voted upon at the next regular meeting of the New Mexico Medical Society:

"Amend Art. 9, Sec. 1 of the constitution by striking out the word "three" and inserting the word 'seven.'"

"Amend Art. 9, Sec. 2, by striking out all that portion of said section referring to terms of councillors and inserting the following: 'The terms of councillors shall be for three years. Those first elected serving as follows: Two for one year, two for two years, three for three years, as may be arranged, so after the first election two shall be elected annually for a term of three years', and each third election three shall be elected for a term of three years."

"Amend Art. 4, Sec. 2 of the constitution by striking out all that portion of Sec. 2 down to and including the word 'territory' and substituting therefor as follows: "The members of this society shall be of good moral and professional character, graduates of a reputable medical college, and licensed practitioners of the territory."

Fight The Devil With Fire.

The columns of the daily press are loaded with advertisements of medical specialists (God save the mark!) offering to cure every known disease and many unknown, and thousands of deluded and poorly informed humans are rushing to these "specialists" in the hope of gaining something which they think the legitimate medical profession cannot give them or for treatment of a condition which exists only for the purpose of serving as a means to the "specialist" to bleed his willing victim. The ethics of our profession demand that we do no advertising but sit idly by and see what is being done while the work goes on and on.

Is it not time to cry a halt? Is it not time to reform our "ethics"? Is it not time for us to begin a definite and vigorous campaign of education of the public? Is it not time to "fight the devil with fire"?

Several years ago a proposition was advanced by the American Medical Association looking to the publishing in the daily press of authentic articles on medi-

cal subjects of common interest, by menmedical men—of known repute and ability with a view to opening the eyes of the
laymen to the necessity of a more thorough knowledge of some of the more common diseases which they are likely to fall
a victim to, but so far as New Mexico is
concerned nothing has been done. Along
these lines, Mac Evitt, concludes a well
written editorial in the March number of
the New York State Journal of Medicine
with these remarks:

"In conclusion, permit me to call your attention to what I consider a grevious dereliction on our part. It has become a habit with us to confine our writings to medical subjects of a technical character whose pages are never turned by a layman. I advocate a medico-literary educational crusade. Are we to be whipped, scourged and held up to public scorn by venomous ignoramuses and commercial apostates? We should shake off the bonds which prevent us from expressing our views in current literature. There surely must be amongst us men qualified to write in terse, plain English, and interestingly to lay readers, of the marvelous accomplishments of modern surgery and medicine, of preventive medicine and what it has already accomplished though yet in its infancy; to confound the muckrakers" libelous stories of the cruelties perpetrated in the laboratories and hospitals by telling of the hundreds of thousands who enter their portals nigh unto death and go forth whole. It would be the most envious who would consider such contributions self-exploitatory. I would go farther and advise medical men possessing literary ability to contribute to the popular magazines and meritorious newspapers. We have left this field too long uncultivated by reason of the scarecrow Ethics in it, the poisonous poppy flaunts

its red flag where the fruitful wheat tassel should wave. The arrant, incomprehensible verbiage of the cultist appeals to the unenlightened as transcendental philosophy beyond their understanding, and thus they fall victims to its heresy."

We reproduce this month three editorials taken from the columns of three lay papers. These editorials show that the public is beginning to realize that we doctors are of some benefit to the world after all and it further shows that a determined effort on our part, backed by a legitimate campaign of publicity will be productive of even greater and more beneficial results.

Health Officers' Salaries

The following editorial from the Courier -Journal of March 4th, will be read with interest by every physician in the State, and an effort should be made to see that it is read by every member of every Fiscal Court in Kentucky. No factor in public education in this State has ever been of greater value than the press, and the Courier-Journal is doing splendid work in its editorials along health lines. Of these, no one has been of more practical importance than the following:

"The Fiscal Court of McCracken county recently cut the salary of the County Health Officer from \$500 a year to \$50. Similar action was taken by the Fiscal Court of Henderson county in fixing the compensation of the same official. In both instances the reason assigned for the action was economy. It is mistaken economy. In fact it is no sort of economy at all.

"It would be the biggest kind of economy if the fiscal courts of McCracken and Henderson counties should employ competent health officers and pay them

good salaries. If a health officer is not worth more than \$50 a year he is not worth anything at all and his services would be dear at 50 cents a year. The best paid health officers in Kentucky are not too well paid, and their office is too frequently made a football of politics, and too often treated as a matter of no importance.

"The value of an active and vigilant health officer to a county cannot be figured in dollars and cents. There is nothing so important to the people as the public health. There that should appeal to Fiscal Courts more strongly than measures for the protection of the public health. The abatement of one disease breeding nuisance in a community is of far reaching value. It is worth more than \$500 to that particular community. It is the function of the health officer to labor for the prevention of disease. It is easier to prevent than to cure, and it is cheaper.

"Every county should have a good health officer and should pay him a decent salary, should be sufficient to command the services of a capable man and the Fiscal Courts should insist that he attend to business-there is no doubt that an energetic man can find plenty of it to demand his attention for every working hour of every day in the week. It is economy to employ that kind of an official. It is a grevious mistake to try to economize where the health of a county is concerned. The Fiscal Courts of Mc-Cracken and Henderson counties do themselves no credit in reducing the compensation of their health officers to a mere pittance."-Kentucky Medical Journal.

Heroes Of Another War.

A Louisana physician, addressing the Liverpool school of tropical medicine, makes a point worth earnest thought—

worth remembering and passing on. He expresses the hope that in the near future, the heroes of war-the Alexanders, Hannibals, Caesars, and Napoleons of History-will no longer be regarded as the brightest stars in the galaxy of eternal fame, but that the men who have fought the battles against preventable diseases and against conditions destructive to human life should be given their due meed of popular recognition. Every school boy knows the names of warrior heroes; but few are the grown men and women, not to say school boys and girls, who know the names of those whose splendid work in pathological science has insured lengthening of the average human life and the saving of millions to useful existence.

Among those scientific investigators whose researches and experiments have meant the greatest gain to the race in phycical resistance and longlivity are Jenner, discoverer of vaccination; Lister to whom surgery owes the beginnings of modern antiseptic technic; Virchow, who established the principles of cellular pathology; Pastuer, among the greatest of them all, who more than any one else helped to solve the problem of conserving milk, and other problems of fermentation and germ culture, and who is even better known for his work in connection with rabies and diseases of cattle; Koch, who discovered the germs of tuberculosis and cholera; Laveran, who proved the nature of malarial infection in the blood; Ross, who demonstrated that the anophles mosquito is the malaria carrier; Walter Reed, who gave his life as the price of proving that Yellow fever is transmitted solely by the stegomyia fasciata, a species of mosquito; Dubini, discoverer of the hookworm; Bruce, who showed the connection between the tsetse fly and certain terrible tropic diseases; Kitasato and Versin, Japanese

who discovered the germ of bubonic plague; Cheevers and Wright, authorities on beriberi; Shiga, another Japanese, discoverer of the bacillus of tropical dysentery; Metchnikoff, who has perfected methods of asepsis and antisepsis in surgery. The list might be greatly extended, to include also many others who have done immortal work, such as discovering methods of treating and curing diphtheria, meningitis, and infant paralysis, or have given their best efforts to cleaning up, in Mexico, Panama, Porto Rico, China, and India. But the few named will serve to illustrate our point, that here is a group whose appeal to pupular sentiment and appreciation is inversely proportionate to their contributions to human welfare-whose services have been invariably constructive, not destructive; and whose work has rarely been done in hope of financial reward, but nearly always from sheer scientific enthusiam incited and warmed by love of mankind.

Preventing disease, saving and prolonging human life, and increasing human efficiency through promoting health and favorable living conditions, constitute the most important economic problem before the world. A better understanding of this fact would result from intelligent study in the schools of the facts of progress in these lines. El Paso's greatest problem today is not to get more people but to care for and to use to the best advantage the people we already have here.—El Paso, (Texas,) Herald, April 11th, 1911.

The Doctor Bill.

A Detroit physician of standing has put his colleagues in a stew by publicly recounting his experience with the practice of medicine on a cash basis. For years, he asserts, that at least 60 per cent of his bills were unpaid, and that for the year he has operated on the pay-as-yougo principle his receipts have doubled and his work has been cut in half.

The condition that the doctor points Nothing is betapparent. ter established than the fact that physicians are poor business men. Prehaps this is partially responsible for the strange distinction that many people make between the debts of doctors and other creditors. The thing that every man recognizes that he must have for himself or family at need is curiously enough the one service which he most neglects to pay for. The matter is not, however, so easily resolved in good conscience as the Detroit physician seems to think. One man may adopt charity, another man may make a virtue of unselfishness. Above all others, the calling of a physician implies work for others, and that without regard for their worthiness or unworthiness. Above all others, the profession of a practitioner contemplates the need rather than the reward.

There is probably not a single physician in New Mexico who does not have more uncollected bills on his books than the ones he has collected. In nearly every instance a large percentage of these bills are from people as well able to pay the doctor as the grocer. In his uncollected bills the physician meets the real problem of his profession. Like the minister, who sometimes is forced to forsake the pulpit he loves, because those he seeks to benefit are too niggardly to give him even a living, many a physician in the smaller towns is compelled to exist in penury, despite the fact that he arises at night, drives miles into the country and saves countless lives of people who are unappreciative enough to let the doctor's bill go over until the very last.

Besides medicine, a doctor needs a good

collector.—Albuquerque Evening Herald., April 10, 1911.

The Physician's Charges and Collections.

There is as a rule less business-like heed given to charges and collections by the physician than by other business men. The claim is set forth that medicine is a profession so largely altruistic, that this itself renders it impossible to enter into strict commercial lines sounds very well in the confines of fantastic poetry, but it is the dollar of the realm that goes in the prose of real life.

There is the ministry,—if such a thing all possible should were above reproach of the paganism of financial consideration; but, very few, indeed, are the ministers of the Gospel who do not insist on a stipulated salary, aside from the incidentals received religious rites and ceremonies formed, to make sure of their material welfare. They realize that the spiritual cannot prosper on this mundane sphere without looking first after the material welfare. 'Tis well, 'tis so, as long as one does not enjoy the care-free distinction of civilization of the lily and the bull-

There are other profesions which serve the public on a business-like basis enough to asure a competence. There is law, for instance. The lawyer makes sure of an advance fee or retainer even before he delves into a case, and very seldom does he lose anything, for he is a good prodder, getting all that he asks, win or lose a litigation of a case. It is a cold day when the lawyer is left.

The doctor's chances are a standing joke. As a matter of fact his earnings are least secure. Always an easy mark, he is perforce of habit, too timid even to hold to his own right. The people

know this and try to hold him there. Some one has said that the doctor cannot always make good, and that there fore his earnings cannot always be expected to be made good. It is a poor rule that works but one way, as neither the minister nor the lawver nor anyone else can always make good. A conscientious effort is all that man can ask of man, and if that is not satisfactory, there is an honorable way out of it. The nature of a task sometimes is such as to be liable to failure, and also, it is but human to err; yet the lesson must be paid, as long as the tuition demanded appears fair. Every honest endeavor is worth its hire and deserves pay, even hough a positive diagnosis cannot always Le prevented.

It would be far less true to say that the profession is over-crowded, if we were but more insistent upon our rights, and by our laxity and undue gratuity not emasculate the earning capacity of theprofession quite so much as we are doing. Laxity in getting our own and too much doing merely for others is demoralizing not only to our individual selves, but to the profession at large as well.

Shakespeare has long since well told us—"To thine own self be true, and it follows as the night the day, thou canst not then be false to any man." And you may also count on this:

"Oh, what a grand world this, to live in! To lend, to spend, to give in;

But, to beg, to borrow, or to get your own.

It is the d—est world that ever was known."

ROBERT PETER,

Chicago, Ill.

(Physician's Business Journal, March 1911.



IN MEMORIUM

CHARLES HOWE BRADLEY.

After an illness of but a few days doctor Charles Howe Bradley succumbed to pneumonia on the night of March 3rd, 1911, at his home in Las Vegas, N. M.

Dr. Bradley had been a resident of Las Vegas for the past fifteen years.

Dr. Bradley was born fifty-two years ago in Haverhill, Mass., in which city he grew to manhood. Early in life he decided to take up the profession of medicine. With this end in view he matriculated in Harvard College, from the medical department of which he was graduated with honors. He began the practice of medicine in Haverhill, where he met with great success. Upon signs of the failure of his health Dr. Bradley decided to locate in the southwest.

Dr. Bradley was a staunch Presbyterian and for many years was a ruling elder in the First Presbyterian church in this city. His abiding Christian faith, with which was coupled works of charity and human kindness were sources of admiration to his friends and of great comfort to himself. Dr. Bradley was a mem-

ber of the Independent Order of Odd Fellows, the Degree of Rebekah and the Fraternal Brotherhood.

The following resolutions were passed by the Las Vegas Medical Society:

WHEREAS: It has pleased Almighty God to remove from our ranks our companion, friend and co-worker, Dr. Charles Howe Bradley, be it therefore

RESOLVED: That it is the sense of the Las Vegas Medical Society that it has suffered an irreparable loss, and while each member's heart is bowed down with sorrow, yet he is cheered and sustained by the memory of his dear deceased brother, whose noble self-sacrificing life, high aims and spotless character, will ever be an inspiration. Be it further

RESOLVED: That the sincere sympathy of each member of this society be extended to his aged parents and to his dear children; and that these resolutions be spread upon the minutes of the society and that a copy be furnished his family.

Committee, H. W. Goelitz,

H. M. Smith,

IN MEMORIUM

THOS. B. HART.

Ex-President New Mexico Medical Assn.

Dr. T. B. Hart, of Raton, a former president of the New Mexico Medical Society died at his home in Raton on March 5th, of an overdose of medicine administered by himself. Realizing shortly after taking the opiate that a fatal mistake had been made, the family was informed and everything within the power of human medical skill done to counteract the effects of the poison, but all in vain. Two physicians with the assistance of two expert nurses worked for over two hours

to save the rapidly sinking man by the administration of oxygen and antidotes but the grip of death was too certain and the end came after an hour's lapse into unconsciousness.

Dr. Hart leaves to mourn his untimely death a prostrated widow, a daughter, Margaret, and two sons, Quine and Crozier.

Next month we hope to publish a short sketch of Dr. Hart's life and work.

The Climate of the Southwest in Relation to Tuberculosis

By W. R. Saltzgaber, M. D., Alamogordo, N. M.

In presenting the subject of climate, in its broadest sense, it is not my purpose or intent to belittle the opinion of others concerning the relative value of the different climates upon the tuberculous, but rather to present the salient features concerning the climate of the Southwest and that argumentative force of personal observation.

Opinion, however, is a matter of educational environment, modified necessarily by personal observation and to a greater or less extent by reading and study. So it is that opinion must differ so long as there is a difference in the manifestations of disease in different localities and under different conditions.

As the pendulum is swayed by force of gravity, so public opinion is influenced by the magnetic appeal of the human mind and swaved oftimes by the utterances of an individual. Problems confront us the mathematical precision of which is unquestioned: Climatic conditions prevail in certain sections that no human hand can alter. Definite laws of nature, physics, and physiology teach us that air contains moisture. Regardless of atmospheric conditions the exhaled air from the lungs contains approximately eight to eighty-five per cent of moisture, which is given off from the mucous lining of the bronchi and air spaces within the lungs. Now in studying the effect of dry

atmosphere upon lung trouble, where the mucous membrane is swollen and catarrhal, and secretion is profuse, one can not but be impressed by the enormous difference in air inhaled having twenty to forty per cent moisture. This I believe is the reason for the striking effect of dry air upon catarrhal affections of the lungs.

That climate plays an exceedingly important role in the drama of life for the tuberculous is strikingly manifest before a storm, and during and after a rain fall (from observations made in institutional work, where case records are accurately kept and the effect of general atmospheric conditions noted.) One must take into consideration barometric pressure as well as the humidity which accompany these storms, and while it is impossible to scientifically ascribe the role of each in effect, yet the fact remains that each has its influence, and the locality least affected by these changes, other things being equal, is the place par excellence for the tuberculous.

Twenty years ago medical opinion was most unanimous as to the effect of dry climate upon moist tuberculous lesions in the lungs. Hundreds, thousands, even tens of thousands were sent to the arid West to regain health. In spite of the advice to go West and rough it, thousands have been cured of tuberculosis, or secured an arrest of the progress, and are

^{*}Read before the 29th Annual meeting of the New Mexico Medical Society, Albuquerque, New Mexico, September 29th, 30th, Oct. 1st 1910.

today among the most active and progressive citizens in the building of a great Southwest. And one ponders how many thousands more might now be alive were it not for past pernicious advice.

Climate alone was the disideratum. Climate without the co-operation of the · patient, unaided by wise counsel, opposed by the privations and hardships of an · undeveloped country, opposed by man's restlessness and his inordinate desire to do something, to rough it, to drink bad whiskey, to loaf in dirty illy ventilated adobe houses with smoke and profanity equally thick, conditions depressing physically, mentally and morally, this was the climate of the West. And from this climate thousands returned to the East disappointed, dissatisfied, and incredulous to spread the gospel of disapprobation, stamping as false the reputed health giving qualities of the dry West.

And so the pendulum swung again to another extreme. Deplorable vet fortunate, it taught the profession in the East conservatism in advice. Eminent physicians conscientiously depreciated the virtues of climate, dry air and dry soil, and advocated the home treatment as just as efficacious, notwithstanding all sorts of climatic conditions, because the results of former experience in sending patients West under adverse conditions of living had been disappointing. Analysis shows that in these cases classed as disappointing the home physician was in many cases responsible. In the vast majority of cases a wrong diagnosis had been made, probably intentionally, that the patient might not be frightened by a knowledge of his condition; consequently without a knowledge of the disease the patient was in no condition to fight it. The broken down nervous wreck, the malarial sufferer, the convalescent from chronic typhoid, the

bilious, the asthmatic, physical wrecks. all ignorant of the nature of their disease, were sent, usually poverty stricken, denied the necessities of actual livlihood, to a climate, supposedly a panacea for all ills, trusting that fortune and health, employment and social position might be theirs for the asking. Ninety per cent of these cases sent to the dry West were cases in which the disease was far advanced. Burning with fever, strength, energy, ambition, and even hope of getting well, gone, it is not to be wondered that this class of patients were themselves disappointed, and disappointing to their physicians. It taught the profession in the West the necessity of urging their conferees against transporting this helpless class to a more helpless country-helpless because of its inability to properly handle and care for the great numbers who were sent in quest of health. It brought about the establishment of sanatoria in the West so that now the country is literally dotted with institutions, some large some small, but all excellent nevertheless, and not only were they established in the West but all over the country, for the need of supervision though institutional known, and keenly felt, has but recently received the attention of philanthropis's and government in any general way.

Medical opinion, in considering the effect of altitude on the tuberculous. has alternated between-the dizzy heigh:s of seven and eight thousand feet above the sea down to the sea itself, and back again to an apparently reasonable elevation of from three to five thousand feet above the sea. At this elevation increased lung expansion occurs without conscious effort on the part of the patient, heart action is stimulated, the blood shows increase in the number of corpuscular elements, and the air though more rarified is far purer, owing to the diathermacy of the sun's rays. This condition is decidedly more apparent in the mountains of the dry sections where the rain fall does not exceed fifteen inches a year. In regions having great humidity and much rainfall (over thirty inches per annum) this condition does not prevail owing to the presence of constantly decaying vegetation and putrefacation of organic substances in the moist soil and the more favorable conditions for the growth and developement of disease producing micro-organism. Altitude favors diurnal variation in temperature, warm days and cool nights, and to this stimulating factor, of diurnal variation upon the cellular metamorphoses of the body, altitude receives much credit in its decided advantages over the lower elevations. In the dry arid regions of the Southwest altitude tempers summer heat, making residence in the higher places especially desirable.

Many places in the dry Southwest, on the plains and in places unprotected by mountain ranges, more especially during the month of March, have wind storms, which at times carry with them great quantities of sand and dust, certainly a very disagreeable feature yet the country in general is not deserving the condemnation heaped upon it for conditions affecting only certain localities. Outside of cities and towns, throughout the business districts of which the dust is necessarily contaminated with disease producing microbes, I have never seen or heard of a case of acute catarrhal conjunctivitis, rhinitis, or bronchitis attributable to such storms.

With the establishment of sanatoria, and through the excellent educational work of the anti-tuberculosis societies, that element "phthisiophobia" which reigned supreme in years past and pro-

duced such hostility to the afflicted of tuberculosis, prevented the securing of accommodations, and banished them from from society, has been supplanted by intelligent cooperation on the part of communities. Sanatoria have taken the place of hotels and boarding houses and with the advent of laws, necessary laws, requiring periodical disinfection of rooms in hotels and boarding houses phthisiophobia should have vanished entirely from the mind of the general public.

There is no doubt that institutions for the treatment of tubercular so situated, are and will continue doing much good, for here are inculcated the necessity for cleanliness and carefulness in relation to self and to lives of others, the nature of the disease, proper nutrition, food values, etc., and withal is demanded a compliance with the institutional regime which insures regularity of habits, meals, exercise, sleep, etc., -elements collectively necessary for the well being of any individual. Vividly does the imagination picture the needs, the crying necessity, the urgent demand for more and cheaper accommodations in the nature of sanatoria supported by charity, by benevolent socities, churches, and the government, as well as a more liberal support of those excellent institutions already in existence, which founded by communities for humanity are struggling under conditions of maintenance, made doubly difficult by the number of charitable cases demanding admission. Picture, if you please, a total of less than twenty thousand beds, a small part of which only is charitable, devoted to the cause of tuberculosis, and an estimated half million ill with the disease, more than one-third of whom are in need of such attention and service as only an institute can give.

Nature has provided a vast sanator-

ium in the climate of the Southwest. Under this climate one needs little shelter, but food, good food, is a necessity and many other things are essential which money alone can buy. There are no easy positions, no easy work within the gift of the people, except to a favored few. Hundreds have journeyed to this land of promise, spending their last dollar to reach their destination hoping to secure employment and thus earn a livelihood. Many thus fall upon the charity of a charitable West, but many are there who spend months of miserable existence trying to work at manual labor and struggle vainly, ceaselessly, even hopelessly on, on to an untimely end.

Surely a climate that permits almost perpetual residence out doors twelve months in the year has something special to commend it: where even in the hottest weather of summer there is a freedom from prostration and sweating incident to a more humid atmosphere; where in the winter the ground is dry and every day is like spring time; where rainfall is of slight duration and the amount of rainfall each year is less than ten inches; where sunshine, the amount and splendor of which to the uninitiated, is beyond comprehension; where dews and fogs are unknown. What an inspiration to live out doors in the open! Where in all Goa's creation can man find a more perfect climate in which to take the open air treatment?

And wherein does such a climate as described excel beside the mere pleasure of living out doors? Sunshine, is the mental bouyancy of the tuberculous, is the very antithesis of a cloudy day and the

blues. It is to the physical cellular elements of the body what light is to the plant. Sunshine and dry air prevent the growth and destroy vegetative fungi, mildew and mold, criterions of unhealthful conditions. It destroys, when exposed to its rays, the tubercle Bacillus and causes and hastens death of pus-producing, mixed infection microbes in the mucous or muco-pus, which escape, -in the act of coughing or sneezing, the vigilance of the most careful consumptive. Sunshine is the natural purifier of vitiated atmosphere. Sunshine and dry soil explain the absence of the protoza of malaria and complications, which in other localities prove the patient's undoing. The dryness of the atmosphere affords complete immunity to the night sweats and the day sweats of tuberculosis. There is no necessity on the part of the physician of giving the nauseous sage, acid aromatic sulphuric, or the more injurious atropine and other concoctions. It relieves almost instantly the intumnescent turbinates and the catarrhal engorgements of the mucous membrane thus permitting more freedom in nasal breathing and more perfect warming of the inhaled air. In more favorable cases it rapidly causes a diminuation in the amount of expectoration with a consequent lessening of the cough. It relieves without the necessity of an opiate or other sedative that distressing tightness of the chest or asthmatic condition incident to low barometric pressure or atmospheric humidity.

And to me—and here is where my opinion may differ with others—the climate of the Southwest gives promise of a greater number of cures or arrests than any other climate obtainable in the United States.

Etiology of Rheumatic Fever

By W. G. Hope, Albuquerque, N. M.

Those of us who have been in the practice a quarter of a century, when in medical school heard only of the lactic acid theory as the cause of rheumatism. In looking up the literature of this subject I find it to be very interesting. The oldest authority at my command was Practice of Physic—John Mac Intosh, 1835. "A disease produced by an external cause," is all he has to say about the etiology of rheumatism. Thomas Watson, in his Practice of Physic, published in 1835, said:

"I know of no other cause of rheumatism except exposure to cold combined with moisture."

Bartholow, 1883, says:

"The vice of constitution belonging to rheumatism is inherited, but it is not possible to indicate its character." After the above sentence a foot note reference says:—"Notwithstanding the agency of damp climate in causing acute rheumatism, in New Mexico, a remarkably dry climate, this disease prevails largely. Indeed, the author saw, there in 1860. what might be regarded as an epidemic." When he proceeds to mention other theories, among them the lactic acid theory, of which he says: Is combated vigorously by some of the most able investigations".

Anders, in his Practice, 1898 Edition, says:

"Maragliano has found in the blood of typical cases of acute articular rheumatism two micro-organisms—one resembling a bacillus and non-pathogenic, while the other is a micro-coccus and (he thinks) the special infective agent of the disease. This organism resembles the staphyl-coccus aureus, but it is only half its diameter (0.5w.), and is massed in groups of six to ten. It is motile, is stained easily by anilin deyes, and is redily cultivated on gelatin. It develops at the usual temperatures, and especially at or about 98 degrees F. (36.4 degrees C.)"

Osler—Practice of Medicine, Edition of 1898, says:

It is "an acute, non-contagious fever, dependent upon an unknown infective Also,-Singer in an extensive monograph attempts to show that in rheumatic fever the organisms, consisting chiefly of staphylococci and streptococci, are discharged in numbers in the urine. Special stress has been laid upon the tonsils as the point of entrance of the infection. It has long been known that tonsilitis is a very frequent initial symptom of the disease-28 out of 66 cases in Singer's series. Indeed, some have gone so far as to say that there is always a primary infective trouble in the lacunae of the tonsils, to which the rheumatic fever is secondary, arising from the absorption of microbes or their products".

Hare—Practice of Medicine, 2nd (1907) Edition, says:

"Acute rheumatism and rheumatic fever is a disease which is epidemic distinctly. In other words, it is much more frequent in some years than others. There can be no doubt that the infection usually gains access to the general system through the tonsils. The old theory of acute rheumatism being due to uric acid in the system is now exploded. The excess of uric acid in the system is the result, not the cause of the affection."

Fischer, in his work on the Diseases of Infancy and Childhood, Edition of 1907, says:

"The tonsils have frequently been look-disease. Thus, acute tonsilitis has frequently been followed by acute articular rheumatism. In the same manner endocarditis has frequently followed an attack of tonsilitis. It is therefore safe to assume that the entrance of the specific infection can originate in a diseased tonsil."

Packard has described a series of cases of endocarditis following tonsilitis. He regards "a serous inflamation as due to the germs or other toxins entering the circulation, most frequently through the inflamed tonsils."

Osler, in Modern Medicine, after giving evidence in consonance with authors already quoted, says (Vol. II, Page 699);

"The tonsilitis in acute rheumatism is often but slightly painful, and for that reason easily overlooked."

A Few Clinical Notes.

Jan. 2nd, 1908. J. S., Male; 31 yrs. Severe attack of follicular tonsilitis; tonsils greatly enlarged; right tonsil peppered with white ulcers. Temperature 102 to 103 6-10 three consecutive evenings. Fourth day convalescence began. Seventh day tonsils normal except glazed and darker red than normal. Advised patient to get up. Next day telephone message said patient's legs hurt him. Could not walk. Called. Found temperature 101.2 Right knee and metatarsal joints swol-

len and painful. Patient was confined to bed seventeen more days with acute rheumatism.

March 3, 1910. Mrs. W., 39 yrs. Office consultation for severe "sore throat". said a roomer in her house had been in bed ten days recently suffering from a sore throat. Mrs. W. would not submit to examination because she said she feared that she might be quarantined. March 14th was called to her home; found her suffering from acute rheumatism in left elbow. wrist and right ankle. Temperature 102 3-10; heart complication; very restless: much pain; was confined to her bed 29 days. About May 1st she left for another state. Although free from rise of temperature, her joints were very stiff and painful on motion when she left Albuquer-

S. W., 16 yrs., male. Occupation, clerk wholesale grocery house; mouth breather, complete nasal obstruction from adenoids. June 5th removed (under chloroform) adenoids and tonsils and two very disfiguring duplicate canine teeth. Told him to report at office daily. Reported June 6th, 7th, 8th; June 20 telephoned asking me to Found him suffering from acute rheumatism; temperature 103 4-10; pulse 112; heart already involved, right ankle, knee and elbow swollen, red, very painful. Was removed to St. Joseph's Hospital where he ran a characteristic course of acute rheumatic fever. He left the hospital July 16th, 1910. His joints were then practically normal, but asculation revealed a systolic blowing sound which still continues.

W. H., 37 yrs., male. Quartz miner; taken ill July 9, 1910; tonsilitis and pharyngitis; tonsils swollen, very painful, Deglutition practically impossible for 24 hours. July 12th patient better; July 14th

temperature normal; tonsils still enlarged, but soreness much abated; July 17th, again called. Found throat almost normal; temperature 101; right elbow, wrist and

metacarpal joints red, tender, swollen. The rheumatic attack cleared up about Aug. 4th. August 12th patient began to walk. No heart complications.



Rheumatism

By S. G. Von Almen.

Rheumatism is a non-contageous fever caused by an infective agent and characterized by multiple arthritis and a tendency to inflamation of fibrous tissue. No disease is more difficult to define and but few are more complicated by theories.

Rheumatism is regarded by most observers as a disease of many manifestations, but whether it has one exciting cause or many is disputed question. Some believe it to be the result of direct action of cold upon joints. Others believe it to be of nervous origin. The lactic acid and uric acid theories have their advocates but have not been clearly demonstrated. When regarded as an infectious disease, evidence can be found in all directions, and there is but little doubt that rheumatis is of germ origin.

The various micrococci have been found in the tissues and isolated from them in acute rheumatism, and there are many who believe that any of the micrococci group of the infective agents may produce rheumatism, and look upon the disease as a form of septicemia.

Others believe there is specific bacillus, and one investigator found a bacillus in fatal cases of rheumatism which he believed to be the cause, but his investigations have not been confirmed.

A diplo-coccus has been isolated by a number of investigators during the past few years, which was found in the most important human lesions, and with it were produced the various lesions in rabbits. from which it was again isolated.

Heredity is believed to be a predisposing cause by many of the profession, and in those cases where the mothers suffered from acute rheumatism during pregnancy and the child was born with a cardiac lesion, it is probably a direct infection, through the placental circulation. On the other hand, parents who believe their children have inherited rheumatism, acquired the disease many years after the birth of their children. In these cases heredity can hardly be considered. It is only occasionally that we find the disease in children under five years of age. Young adults are more frequently affected, and the tendency diminishes with advancing vears.

Males and females are equally liable, but on account of exposure males are oftener affected. The disease is more frequent in a changeable climate, and the majority of cases occur during spring and autumn.

Diet can hardly be regarded as a direct cause.

The exact pathological changes produced by the toxins cannot be demonstrated, but according to Poynton, the lesions are due primarily to a local deposit of bacteria, and not the toxins only.

The bacterial infection of acute rheumatism is wide-spread, however, and not localized. In the mild form of rheumatism, the bacteria are destroyed by the re-

sistance of the tissues, and the inflamation quickly subsides. In severe infections or imperfect resistance, death of the affected tissue occurs and with resolution is replaced by scar tissue. The blood capillaries dialate and occasionally rupture, with the swelling in the connective tissues. When these changes occur in the sub-endothelial tissues of a serous membrane such as the synovial, pericardial or pleural, there is rapid exudation into the serous cavity which becomes sero fibrinous. Pus rarely occurs.

The symptoms of acute rheumatism vary widely in their intensity. jority of cases begin abruptly with chilliness, elevation of temperature and joints symptoms. Rheumatism may be preceded by sore throat, particularly tonsilitis. The pulse is soft and generally above 100. Usually two or more joints are affected, but the swelling leaves one joint as it appears in another. Any joint is liable to become involved, but the wrist, elbows, ankles and knees are most often affected. The joint becomes reddened, swollen, hot, and very painful, and the particular tissues edematous. There is rarely evidence of much fluid in the joint and suppuration seldom occurs.

In severe cases the muscles may be tender and rigid, and motion causes excruciating pain. The fever is irregular and corresponds with the severity of the joint inflamation. In most cases there are profuse acid sweats, and the sour odor arising from this is an almost constant feature of the disease. If much fluid is lost by sweating there is considerable thirst, poor appetite and constipation.

During profuse sweating there is a remission of fever. Anemia rapidly develops and exhaustion is profound. The urine is scanty, strongly acid, loaded with urates and often contains albumen.

Miliary vesicles are common.

It is the complications that make rheumatism a dreaded disease.

Endo-carditis, peri-carditis and myocarditis may occur in from twenty to forty per cent of all cases. There is considerable difference in the development of these lesions.

The attack may be sudden and severe or gradual, and in either case injure the heart seriously. In other cases the attack may be as fleeting as the joint symptoms. Pleurisy and pneumonia sometimes occur. Chorea is frequently associated with acute rheumatism in children. There may be delirium with or without hyperpyrexia, coma, either uremic, toxemic or hyperpyrexial, and occasionally menegitis.

Small, painless, subcutaneous nodules attached to tendons and fascia sometimes occur during the course of the disease or during convalescence and may persist for months. Urticaria, purpura erythema and extensive ecchymoses may develop.

The cardinal symptoms of rheumatic fever are the sudden onset of the multiple arthritis, fever, sweating and rapid development of anemia. It is necessary, however, to differentiate it from gout, gonorrheal arthritis, pyemia and osteomelitis.

Gout is usually found later in life than rheumatic fever and as a rule involves the great toe. Absence of fever, sweating and the habits of the patient will aid in making diagnosis.

Gonorrheal arthritis is generally confined to one joint only, usually the knee. As it is more liable to occur in those who have had rheumatism, it may cause error. Then, too, there will be a history of gonorrhea.

Pyemia with arthritis may be almost impossible to distinguish from acute rheumatism. However the prostration is

greater and the fact that the joint symptoms go on to suppuration and do not flit from one articulation to another should prevent error.

Acute osteomylelitis is usually accompanied by rapid swelling, chills and rigors; also high fever, prostration and delirium. The greatest point of differentiation however is the position of tenderness which is over the epiphysis or shaft of bone and not the joint.

The prognosis, so far as danger to life is concerned is usually favorable. If hypperpyrexia occurs it is impossible to fore-tell the outcome. Endocarditis, myocarditis or pericarditis may prove fatal, even in a first attack, no matter how prompt the treatment.

Chorea rarely proves fatal and when fatality does occur it is due to insomnia and inability to take nourishment.

In calculating the liability to further attacks the age of the patient must be taken into consideration. As a rule in young people or in those of poor surroundings or unfavorable occupations the danger is enhanced.

The treatment of rheumatism is unsatisfactory. A well ventilated room should be selected and care should be taken to avoid drafts.

On account of the profuse sweating it is generally best to keep the patient between blankets or clothed in a flannel-ette gown.

Sponging with warm water, afterwards drying with a soft towel will add materially to the patient's comfort. It may be necessary to use a cradle to protect an extremely tender joint from the bed clothing. The diet should consist of milk, broth and soups.

Water may be given freely. The joints should be wrapped in cotton or flannel and heat applied. In addition to this it

may be necessary to use counter irritants, blisters, actual cautery or dry hot air. If a joint is very painful and cannot be moved, it is advisable to apply a well padded splint. Plaster of paris may be used but must be applied in such a way that it can be easily removed. Of internal remedies, salicylic acid or some of its salts are most generally used, and are considered specific by many.

In acute cases their use is satisfactory and the distressing joint symptoms are generally promptly relieved. It is believed by some authorities that the only benefit derived from the salicylates is the relief of pain and a reduction of temperature and that rheumatism is a self limited disease which would probably have terminated favorably without any medication whatever.

This view is supported by the fact that when even large doses of salicylates are given, the nodules make their appearance just as they do under other plans of treatment, and that the cardiac complications are just as frequent. Large doses of sodium salicylates cause feeble pulse which may be irregular and slow. treatment is better borne if the bowels are first open by an aperient. Calomel followed by a saline usually suffices. After bowels have acted well sodium salicylate can be given in twenty grain doses every three hours for several doses and then reduced to about one and one-half drachms daily. If circulation is feeble. brandy or aromatic spirits of ammonia may be given. If there is much pain or sleeplessness it is well to give sedatives. The bromides with or without chloral may be given. In many cases trional answers the purpose admirably.

It may be necessary to resort to opium. There are many preparations of the salicylate compounds, but the use of any particular one of them depends wholly upon their tolerance by the patient. Salicylic acid has superseded the alkaline treatment but if no improvement is noted in it is or four davs three visable to combine one of the alkalies with the salicylates. In lingering cases where a joint remains swelled it is well to give quinine, arsenic or iron, or give them in combination, in addition to other treatment. Sometimes potassium iodide gives good results and is especially indicated if syphilis is suspected For the hyperpyrexia nothing answers as well as the cold bath or pack. In addition to this large doses of quinine may be given. If the course of the disease has been favorable the patient will be convalescent in about three or four weeks. After the temperature has fallen it is best to continue the use of the salicylates in diminishing doses for a week or ten days or even longer.

At this time the joints and limbs that have been involved should be massaged and passive moments used in order to stimulate them to recovery, before voluntary movements are undertaken. Stimulating liniment should now be used. Relapses are common and are probably due to too early active movements and a withdrawal of treatment.

The treatment of rheumatism by a curative serum has been given considerable attention during the past few years. Those who believe that acute rheumatism results from streptococcal infection believe that a serum made from the various strains of streptococci offers hope of cure and such a serum is being used. However the results vary considerably and the local reaction is said to be very severe.

This may be due to lack of standardization and until this fault is overcome its use will not be without danger.



BOOK REVIEW

Collected Papers By the Staff of St. Mary's Hospital, Mayo Clinic 1905-1909.

Collected Papers by the Staff of St. Mary's Hospital, Mayo Clinic, Rochester, Minnesota, 1905-1909, Octavo of 668 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$5.50 net.

W. B. Saunders Company Philadelphia London.

This collection of papers by the staff of St. Mary's Hospital-the Mayo Clinic at Rochester, Minnesota, comes as a most welcome gift to the profession, many of whose members have been unable to get the benefit of the individual papers as published from time to time in various medical journals.

There are in this collection sixty-five papers by fourteen authors and covering a wide range of subjects, and are offered to the profession as "an indexed collection of reprints."

DIFFERENTIAL DIAGNOSIS.

Differential Diagnosis. Presented through an analysis of 383 cases. By Richard C. Cabot, M. D., Assistant Professor of Clinical Medicine, Harvard Medical School. Octavo of 753 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$5.50 net.

W. B. Saunders Company Philadelphia and London.

This work is a departure from the usual methods of treating such subjects and is "an attempt to study medicine from the point of view of the resenting symptom."

The author's plan presents a list of common causes of the symptoms most often complained of by patients; classifies these causes in the order of their frequency so far as is possible; illustrates them by case histories in which the presenting symptom is followed home until a diagnostic problem and its solution are presented.

Three hundred and eighty three cases are analyzed.

This work is one that will be hard to set aside when one once commences to read it. Dr. Cabot has the happy faculty of making his medical work read like a novel and it is indeed a pleasure to know that such a work is in one's library. Would there were more like it.

Principles of Therapeutics.

By A. Manquat, National Correspondent to the Academie de Medicine. Translated by M. S. Gabriel M. D.

D. Appelton & Co., New York. Price \$3.

This book is a step from the ordinary. Drugs are not considered in their action and uses but the author tries to make us acquainted with the wherefore's whatfor's and why's of our methods of healing.

The author dedicates the work to the young physician, but it is useful to all because it acquaints us with the ideas and speculations of science (therape utics) which in the true routine application of the average man is far from being exact.

Occasionally the reading seems rather heavy, but this may be partly due to the fact that the language of the translator reads like the work of a foreigner. It must not be overlooked that the author is French and that Gallic literature has always a tendency to be lengthy whereever the author can ride a hobby.

Books like this aught to be read by each practictioner, not only because light is thrown upon the application of therapeutic measures but also because the ethical part of the practice is discussed.

Progressive Medicine, Vol. 1, March, 1911.

A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 355 pages, with 18 engravings. Per annum, in four paper bound volumes, containing over 1,200 pages, \$6.00, net; in cloth, \$9.00, net. Lea & Febiger, Philadelphia and New York.

No. 1 of Volume XIII contains many valuable digests of timely topics:

Frazier: Surgery of the Head, neck and throat,—Rurah: Infectious Diseases Rhinology and Larynzology and Duel: Otology.

The cranial surgery is very complete and those chapters alone would make the value of the number. Crandall, in his digest of Diseases of Children gives much space to artificial feeding and considers fully the value of Lactic acid bacilli and the so-called citric acid feeding. If the other numbers keep abreast with this, the present volume promises to be of greater value.

Diagnosis and Treatment of Diseases of Women.

Diagnosis and Treatment of Diseases of Women, by Harry Sturgeon Crosson, M. D., Professor of Clinical Gynecology, Washington University, St. Louis, Mo. C. V. Mosby Company, St. Louis, Mo.

This is the second edition of Dr. Crossen's book, the first edition having appeared in 1907. The work is devoted entirely to the diagnosis and treatment of diseases of women as they are "met with in the office and at the bedside," and the aim of the author has been to arrange the points systematically and clearly and in this he has succeeded. In this edition two hundred pages of text and fifty original illustrations have been added.

The illustrations seem particularly clear and add much to the value of this text-book, while the press work is all that could be desired.

Never Told Tales.

By Wm. J. Robinson, M. D., Editor of the American Journal of Urology, The Medical Review of Reviews, the Critic and Guide, and Therapeutic Medicine. Third edition. The Alturians, 12 Mt. Morris Park, West, Publishers, New York, 1910.

These never-told tales are not new; every practitioner has his own; but they are put before us in a way and light entirely new. The clothing is torn away from facts. The nude truth is before us as it aught to be brought before every adult man and woman, nay before that age is reached. Robinson exposes fearfully the fallicy of tradition and may find opponents.

LITORA ALIENA.

From the Boston Medical and Surgical Journal. Octavo, 78 pp. Price 50 cents. W. M. Leonard, Publisher, Boston, Mass.

This little book contains a series of letters sent to the Boston Medical Jour-

nal by one of the editors during a recent European trip.

The pictures are accounts and of interest. The traveller will recognize the scenes. The reading is both so entertaining and instructive that one hesitates laying the book down before every page has been read.

We have received the reprints of Dr. T. H. Bickerton, Opthalenic Surgeon, Liverpool Royal Infirmary, on the utter neglect of the eyesight and colorblind question in marine and railway employes of Great Britian, giving reports and statistics from 1877 to 1895 and urging a radical change in examining applicants for service.

The doctor recalls numerous shipping and railway disasters that were wholly due to visual and the light manner in which the corporations accepted and ignored the suggestions of the medical profession as to this very important qualification in employes holding positions as Sailors, Engineers and Firemen and the danger to which the public is exposed whether traveling by rail or water.

He asserts that it is a matter of national importance rather than an intervenation of the Medical profession alone and that the government should take some action to correct it and protect the public.

The articles are excellent and should be read by every member of the Medical profession.

The Following Letter Is Published For the Information of the Members.

125 W. 58 St., New York, N. Y. March 13th, 1911.

Dr. R. E. McBride, Secretary, New Mexico Medical Society, Las Cruces, N. Mex.

Dear Doctor:-

At a meeting of the House of Delegates

of the American Medical Association held in St. Louis, Wednesday, June 8th, 1910, the following resolution was presented by Dr. Hubert Work of Colorado:

WHEREAS, the plan of organization of the profession carried to its logical conclusion means that every member of a county society should be ipso facto a member of the American Medical Association, just as every member of a county society is ipso facto a member of a state society, and as it is the ultimate end of the plan that the American Medical Association should be coextensive with the organized profession throughout the land. and as nearly, if not quite, every state already has adopted the plan so far as making every member of a county society a member of a state society, therefore, be it

RESOLVED, That the President appoint a committee to draw up details for extending the plan to the American Medical Association, and to present this plan to the various state societies for their consideration during the coming year, and to make a report at the next annual meeting of the House.

Dr. Alexander Lambert of New York, moved as an amendment that the resolution be referred to the Board of Trustees because it means a separation of THE JOURNAL from the membership in a manner which involves the finances of the Association.

The amendment was seconded, accepted, and the original motion, as amended, was carried.

The Trustees have given this matter full consideration, and at a meeting held in Chicago on Feb. 3rd, 1911, the following resolution was passed:

RESOLVED, that the Board of Trustees refer to the various state societies the

question of the desirability of extending the plan of organization as represented in the forgoing resolution, and request that the various state societies take action on this matter and report to the Board.

In accordance with this last resolution I beg herewith to transmit to your Society for consideration, and request that your report be sent to the Board of Trustees, American Medical Association, 535 Dearborn Ave., Chicago, Ill.

Very truly yours,
Wisner R. Townsend,
Secretary.

COMING MEETINGS

New Mexico Medical Society, East Las Vegas, September next.

American Medical Association, Los Angeles, California, June 26-29, 1911.

American Proctologic Society, 13th Annual Meeting, Los Angeles, Cal., June 26-27, 1911

Sixty-Seventh Annual Meeting of the American Medico Psychological Association,

June 19, 20, 21 and 22, 1911, the Brown Palace Hotel, Denver.



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The New Mexico Medical Iournal

Volume VI MAY, 1911 No. 8

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The Councillor Districts as arranged by the members of the Council are as follows:

Dona Ana, Luna, Grant, Sierra, Socorro, Valencia and Bernalillo in charge of Councillor S. D. Swope of Deming.

Eddy, Chavez, Otero, Lincoln, Roosevelt, Torrance, Quay, Curry and Guadalupe in charge of Councillor W. T. Joyner of Roswell.

San Juan, Rio Arriba, Taos, Colfax, Union, Mora, San Miguel, Santa Fe and McKinley in charge of Councillor W. R. Tipton of East Las Vegas.

The secretary of the Territorial society desires to call the attention of the county societies to the fact that only two or three of them have so far reported the new officers. Below is a list of the secretaries of the various county societies as they appear on our lists. If corrections are to be made in this list it would be a favor to the secretary of the Territorial society if notification be sent him at once, together with the correct information.

Dona Ana, T. C. Sexton, Las Cruces. Chavez, C. M. Yater, Roswell. Santa Fe, J. M. Diaz, Santa Fe.

Luna, S. D. Swope, Deming.

Torrance, C. D. Ottosen, Willard.

Grant, L. S. Peters, Silver City.

Las Vegas, W. E. Kaser, East Las Vegas.

Otero, J. G. Holmes, Alamogordo. Eddy, E. S. Furay, Lakewood. Bernalillo, F. E. Tull, Albuquerque. Quay, R. J. Thompson, Tucumcari. Colfax, J. L. Hobbs, Gardiner. Curry, A. L. Dillon, Clovis. Roosevelt, H. F. Vandever, Elida. Pecos Valley District Medical Society, A. L. Dillon, Clovis.

Committee on Public Policy and Legislation of the New Mexico Medical Society.

Dr. E. B. Shaw, chairman, East Las Vegas
Dr. C. M. YaterRoswell
*Dr. T. B. HartRaton
Dr. J. A. MassieSanta Fe
Dr. T. C. SextonLas Cruces
Dr. G. K. AngleSilver City
Dr. S. G. Von AlmenClovis
Dr. R. J. ThompsonTucumcari
Dr. CowanCarlsbad
Dr. C. J. Amble
Dr. P. M. SteedDeming
Dr. GarmanyPortales
Dr. J. G. HolmesAlamogordo
The President ex-officio

The President, ex-officio.

The Secretary, ex-officio.

*Deceased.

Proposed Amendments to the Constitution.

The following amendments to the constitution are to be voted upon at the next regular meeting of the New Mexico Medical Society:

"Amend Art. 9, Sec. 1 of the constitution by striking out the word "three" and inserting the word 'seven.'"

"Amend Art. 9, Sec. 2, by striking out all that portion of said section referring to terms of councillors and inserting the following: "The terms of councillor: shall be for three years. Those first elected serving as follows: Two for one year, two for two years, three for three years, as may be arranged, so after the first election two shall be elected annually for a term of three years', and each third election three shall be elected for a term of three years."

"Amend Art. 4, Sec. 2 of the constitution by striking out all that portion of Sec. 2 down to and including the word 'territory' and substituting therefor as follows: "The members of this society shall be of good moral and professional character, graduates of a reputable medical college, and licensed practitioners of the territory."

THE SOCIAL EVIL.

The Vice Commission of Chicago, a commission appointed by the mayor of the city after request by the clergy representing six hundred congregations has just made its report.

The report is the most complete of its kind that it has been our chance to see and shows a state of affairs that even for Chicago is shocking, although it is reasonable to suppose that every large city would show a record of approximately the same character were as thorough an investigation to be made.

To the student of "things as they are for the sake of things as they ought to be" this report offers a world of matter, and the large list of recommendations that the Commission finds it necessary to make shows how far from an ideal condition of affairs we have drifted.

It is all well enough to try to turn back this tide of vice and immorality. Commissions may recommend and legal authority may prosecute and jails may be filled with the violators of the laws of morality but the violations continue and will continue just as they have gone on for ages past. Until we awake to the necessity of a thorough and EARLY education of our growing boys and girls to the greatest duty they owe to humanity; until we make them realize by education that the sexual organs are not for the gratification of the animal passions alone; until we can teach them a wholesome fear of immorality and its consequences; until we can make them to understand that disease is death, we cannot hope to stay the Social Evil.

The majority of the helpless, hopeless victims of prostitution—no matter where they be—are lost. Nothing that benevolent humanity can do can save them and it is the unquestioned duty of the medical profession to take the lead in the demand for the education of the public, great and small, old and young, in such matters.

Fraternal Delegates.

Through the efforts of President Fest we are to have fraternal delegates from two of our neighboring state societies at the annual meeting of the New Mexico Medical Society and if possible to so arrange, from several more. In this we are going a long way towards building up a bigger, broader and more fraternal spirit among the profession in general to say nothing of the added interest and value to our meetings. This added value comes not only from the stranger that comes to visit us, but the knowledge that the stranger will be there and the desire that he carry back to his home society the evidence of our progressiveness and up-todate-ness in medicine will lend extra exertion to our efforts to bring forth the best there is in us.

Dr. E. B. Shaw of East Las Vegas and Dr. S. D. Swope of Deming have been ap-

pointed to represent the New Mexico Medical Society at the approaching meeting of the Colorado State Medical Society, while Dr. R. J. Thompson of Tucumcari was the representative of the New Mexico Medical Society at the Texas State Medical Association, Amarillo, May 8th 9th.

It is to be hoped that we will have representatives from the above state societies to meet with us at our annual meeting in Las Vegas, as well as representatives of other state societies.

Doctor Robert Smart of Albuquerque has been appointed to the vacancy on the Board of Health caused by the death of doctor Thomas B. Hart of Raton.

Appointed Delegates.

Governor Mills has appointed the following delegates to the National Association for the Prevention of Tuberculosis convention which meets at Denver, June 9 to 13: Dr. Leroy S. Peters of Silver City, Dr. J. A. Massie and Dr. F. E. Mera of Santa Fe; Dr. W. R. Tipton of Las Vegas, Dr. J. L. Hobbs of Raton, Dr. Charles F. Beesom of Roswell, Dr. R. E. McBride of Las Cruces; Dr. S. E. Bullock of Silver City and Dr. J. A. Reedy of Albuquerque.

Dr. Albert Abrams, announces a series of five clinics on the principles of SPON-DYLOTHERAPY, to be given in San Francisco during five days following the session of the American Medical Association at Los Angeles.

The clinics will be free to members of the Association. In these clinics will be demonstrated Abrams' new and original methods of diagnosis and there will be an exhibition of patients who have been symtomatically cured of aneurisms (thoraciand abdominal, myocardial affections, pulmonary tuberculosis and other diseases in a period of time almost incredible by simple methods which can be easily executed by any physician.

Spondylotheraphy is essentially physiologic therapeutics based on clinical physiology, i. e., the study of human physiology by clinical observations. Progressive medicine is not wholly an achievement of the laboratory and Dr. Abrams will demonstrate how the functional centers of the spinal cord may be stimulated or inhibited in the human subject with the same certainty as is done by the vivisectional experimentalist.

Insomuch as the space for the clinics is limited only those members will be admitted who have applied for cards of admission.

In writing please mention the time of arrival in San Francisco; and the duration of sojourn so that the time and duration of the clinics may be arranged to conform to the wishes of the majority of the applicants. Address,

Dr. Albert Abrams, 246 Powell St., San Francisco, Cal.

Notice.

Members of this Society and others who may have the personal experience in the Operative treatment of Aneurism by the intra-saccular method of suture (Endoaneurismorrhaphy, also known as the "Matas Operation" will confer a favor by notifying the Secretary, or by communicating their experience directly to

Dr. R. MATAS.

2255 St. Charles Ave., New Orleans, La.

ORIGINAL ARTICLES

Some Cases of Intestinal Obstruction

James Vance, M. D., Trust Bldg., El Paso, Texas.

Read before the 29th Annual Meeting of the New Mexico Medical Society, Albuquerque, New Mexico, Sept. 29, Oct. 1st, 1910.

It is not the intention of this paper to be a discussion of the subject or to illustrate the various forms of obstruction, but the cases here cited are chosen because they seem to us to be of greater or less interest.

CASE I.

This patient was seen at the hospital on November 8th, 1909, and gave the following history:

He was forty years of age and had never been sick in his life except typhoid fever at the age of thirteen. He returned from a trip east in June and felt in perfect health but gradually he began to feel badly. At first he attributed his indisposition to the heat, then to billiousness. So gradual was the onset of his disease that he did not consult a physician till the middle of October, when it appeared he was suffering from nothing more serious than a torpid liver.

Till November 3rd, he went to his office every day and attended to his business. His bowels were regular every day and generally solid movements. On November 3rd, while at the office he began to suffer discomfort in the abdomen and his bowels would not move. During the night his discomfort became so great as to necessitate his calling a neighboring physician, who administered a high enema, which was without results, and later a hypo-

dermic of morphine which enabled him to sleep till morning.

The next morning the pain returned and Dr. McBride the patient's regular physician was called. High enemas were given with a little success and relief to the patient. But the next day the pain reappeared and the enemas were without effect. Dr. McBride suspecting a beginning intestinal obstruction suggested that he come to the hospital in case surgical intervention might become necessary. He would not consent to go to the hospital till the night of the 7th when he had pain all night. The morning of the 8th he felt so much better, however, that he did not want to go, but Dr. McBride insisted, and kindly referred him to me.

Mr.....came to El Paso without assistance and was sitting in a chair waiting for me when I came to the hospital, and did not wish to go to bed. He did not look much sick. He said that he had only come down because his doctor had insisted that he should. He was a fine looking physical specimen, six feet 2 inches tall and then weighed about two hundred pounds, and had lost ten or fifteen pounds during the previous week.

In bed I gave him a thorough examination. His temperature was 99 and pulse 68. He was normal every way except in the abdomen. He had not been able to void for several days, and catheteriza-

tion was necessary. The urine was normal. He had eaten nothing for the week previous.

His abdomen was soft, but slightly distended and tender, all over. Over Mc-Burney's point it was a little more tender than elsewhere, and the whole lower right hand quadrant of the abdomen was perceptibly enlarged, and on deep percussion the note was flat, suggesting a tumor, but on light percussion it was tympanitic. Palpation, however, revealed no tumor although little could be expected from palpation with such a fat, thick and distended abdomen.

There was no nausea or vomiting, neither had there been any except after one dose of oil, although several purges had been given in the early part of his sickness.

Although I suspected obstruction at the sigmoid, I could see no immediate necessity for an exploratory incision, and keeping the patient confined to bed, it was attempted to move the bowels by often repeated high enemata and hot applications to the abdomen, but all without avail.

The next morning at nine o'clock I saw the patient and he had had an uncomfortable night; not being able to sleep on account of abdominal discomfort and still had some pain. I was puzzled what to do and went to the operating room to do a section. While operating Mr. ...'s nurse came and told me that her patient was just seized with a much more severe pain than he had had. A few minutes later I found him suffering with quite severe pain all over the abdomen, and he was bathed with a cold perspiration and his pulse 120. He was immediately taken to the operating room and anesthetized.

OPERATION. I.: The abdomen was opened over the appendix and immediately upon opening the peritoneum fecal

matter discharged from the wound. wound was rapidly enlarged and the cecum appeared as a tumor, being distended to fully six inches in diameter. On the anterior surface of the cecum was an ulcer, oval in shape, with rather irregular margins. The ulcer measuring 2x6 cm., had a dirty gray colored base, and with almost mathematical precision in the center was a perforation 1-2 cm. in diameter. and through this perforation fecal matter was running. There were no adhesions and the fecal matter was running freely into the cavity. On the opposite side of the cecum and parallel with the muscular band was a second ulcer 1x3 cm., similar to the other one, but having no perforation. The ulcers penetrated both the serous and muscular coats down to the mucous lamina. The mucous membrane was healthy even at the site of the perforation, since its margins held cat gut stitches sufficiently secured to close the perforation without leaking. The cecum was perfectly free and mobile. All the ilium visible was strutting with fecal matter, but the distension was inconsiderable. Above and below the cecum the bowel was simply distended to capacity, but not pathologically. It appeared that the cecum had been the point of least resistance and had suffered extreme dilatation.

The perforation was closed and the abdomen sponged clean of fecal matter then a hasty seach was made for the obstruction, but the abdomen was so tense and the cavity so packed full that none could be found.

The distended cecum was now drawn out of the abdomen and incised the full length of the perforated ulcer, and fully a gallon of fecal matter escaped. The cecal fossa, right pelvic and general cavities were well tented with gauze, and

drained with rubber tubing. Long rubber tubes of large diameter were now introduced into the ileum above, and the colon below and the margins of the incision sewed into the upper angle of the wound.

The patient was then put back to bed in a better condition than when he went on the table, but that was far from good. It seemed that gallons of fecal matter were discharged from the wound during the next 24 hours, and night and morning the bowel was washed through the long tube in the ileum. After the second day the normal salt solution would return clear after two or three gallons of irrigation. The patient rallied after the operation and improved rapidly. At the end of the week he was taking light diet with constantly increasing appetite.

At the end of the second week the patient had lost flesh and the abdomen was soft and flat. Palpation now revealed a small movable tumor in the left iliac region. The tumor was evidently of the sigmoid, about the size of a short section of a large piece of sausage, hard, and only very slightly tender.

OPERATION II: On December 4th, twenty-five days after the first operation the abdomen was again opened on the opposite side over the sigmoid flexure. The tumor proved to be of the sigmoid and peculiar in morphology. The whole tumor was only two inches in length, was hard and smooth and did not involve the peritoneal coat. There was a constriction at the center of the tumor exactly as though a ligature had been tied tightly around the bowel and left there. From the appearance of the tumor I hoped that it was not malignant, but feeling the glands in the mesentery made me go three inches above and three inches below the growth, gitting will beyond the enlarged glands by removing a fan shaped piece of mesenterv.

An end to end anastomosis of the gut was done, the abdomen closed and the parient put to bed without touching the cecostomy, because though the patient was in splendid condition as compared with the first operation, he was very weak and I did not wish to get any shock.

Recovery was easy and at the end of a week fecal matter begin to pass through the rectum. The tumor removed proved upon microscopic examination to be adeno-carcinoma, and the lumen of the bowel was absolutely blocked by a cauliflower growth which was peculiar in that it involved only two inches of the bowel, and yet blocked it completely.

OPERATION III: Two weeks after the second operation (December 18th) the abdomen was opened through the first wound. The cecum was found to have returned to a normal size, the ulcers had healed, and it was normal in appearance except, of course, the fecal opening and the dense adhesions of the adjacent bowel to the abdominal wall. The opening was easily closed and the wound closed without drainage.

Three weeks later Mr.....went home feeling in excellent condition and he reached 200 lbs. in weight in a few weeks and when I saw him last in June he looked the picture of health. I have had several letters from him since then—the last only a week ago—in which he states that he is on a vacation and enjoys perfect health.

CASE II.

Mr., age fifty, married, had had excellent health, excepting a severe sickness, fifteen years previously, biliary colic and jaundice. He always was a periodic

drinker and in October, 1907, he ran a continued fever after one of his periodic intoxications, and his wife, a Christian Scientist, believing it a natural consequence of liquor, was rather glad of it and never called any doctor for many weeks. At that time he was of a dirty waxy palor; had a distended abdomen, tender all over, but more especially in the lower right hand quadrant, and had been vomiting for a week and could retain nothing by stomach.

Although I was called in consultation, there was nothing to be done but feed the patient by rectum till the distended abdomen would become flat and a diagnosis could be made. The patient had neither pulse nor strength to withstand any kind of an exploratory operation. The liver and spleen were both enlarged and the abdomen was distended and doughy to feel, making it impossible to determine anything with certainty.

By means of rectal feeding and predigested foods by the mouth the patient was ary, 1908, at which time it became impossible to get any bowel movements at all and the patient developed a tumor in the right abdomen from the crest of the ilium nearly to the liver. I was called and the patient sent to the hospital, and under ethel chlorid anæsthesia, I made an incision just above McBurney's point. When the peritoneum was opened fecal matter came pouring out. I rapidly closed the wound thinking that I had opened an intestine which was adherent to the parietal peritoneum. Going up well beneath the liver the abdomen was again opened with the same result as below. The fecal matter was then allowed to pour out-a gallon or more in quantity and the cavity explored. It was found to be one large cavity filled with fecal matter, and the lower wound was opened and rubber drainage tubes passed in one opening and out the other with numerous fenestrauons for purpose of irrigation. No further exploration was attempted since the patient was practically in a dying condition, Nothing could be seen at the time, any how, for the fecal cavity was lined with a nasty sloughing coating which appeared all alike.

The patient rallied after the operation and for a time I entertained nopes for his recovery, but it was soon found that there were three holes in the intestines that poured fecal contents into the large cavity, and if the patient are anything in a short time it would come pouring out of the wound.

The large feeal cavity was irrigated several times a day and in a few weeks became pink and healthy looking, but the patient could never be brought to a condition permitting an operation, but on the contrary grew steadily weaker, though. Free from all pain, and literally starved to death about six weeks after the operation.

A post mortem was held and it was found that for six feet above the cecum the ileum was completely obstructed most of that entire distance and resembled a shriveled cartilaginous cord. The entire intestinal canal was one densely adheren mass. Of the three openings mentioned above, all were in the jejunum and the upper one seven feet and a half from th stomach pylorus.

To my mind it is evident that this gen tleman had suffered originally from a typ hoid fever, and all the pathology of the intestine was due to ulceration. Judgin from the condition present the patholog was that there had occurred perforation of the ileum, and adhesions to adjacen coils of intestine had prevented a general peritonitis and yet caused sufficient local peritonitis to produce general adhesions of the intestines which gradually produced obstruction and the results above described.

There were eight gall stones in the gall bladder, but apparently played no part in the pathology above described, but were there as reminders of the cholelithiasis of fifteen years previous.

CASE III.

In January of this year we operated on a pus tube case of four years standing. There were numerous and divers adhesions, with a great deal of pus still present. For four days the patient did well the bowels having moved nicely on the third day. Then the patient began to have pains and the abdomen became slightly distended with gas. The patient was given oil but it acted only very slightly and the pain kept up constantly. This kept up till the 9th day. There was no vomiting and the temperature was never over $100\frac{1}{2}$, and the pulse was always good and strong at about 100.

The patient was not in a bad condition and if it had not been for the constant pain, her condition appeared good. Often repeated high enemas on the 8th and 9th day produced no results, so the patient was taken back to the operating room; the lower angle of the wound reopened and a portion of the distended ileum caught up into the wound, sutured in place, opened and a long irrigation tube introduced upward and the bowel irrigated with quantities of normal saline.

The patient was put back to bed and had no more pain or trouble, except the nuisance of a fecal fistula.

Three weeks later the abdomen was reopened and it was found that a coil of the ileum had adhered to the right tubal stump and by increasing flexion and adhesion had gradually produced obstruction. At this time it was easy to free adhesions and close the opening in the Ileum and drop it back in place. The patient then made an easy recovery.

This is the first time that we have ever had an obstruction of the bowel after operation, but we have seen two similar cases in hospital work where it was attempted to find and relieve the obstruction as soon as it manifest itself and both cases proved fatal. So we attempted the above emergency method of procedure to tide the patient over till the general cavity could be explored with safety.

It seems to us that an emergency operation of the nature described above and suited to the case is the only logical way of treating such cases or cases of intractible ilius.

Influence of Altitude on Cardiac Lesions

S. D. Swope, M. D., Deming, New Mexico.

Read before the Luna County Medical Society, April 18th, 1911.

I must confess that I approach the subject of influence of altitude on organic lesions of the heart, with great trepidation. There seems so little known of the subject, and so few students of physiology located in high altitudes who have studied the subject where they could do so intelligently. There are so many learned physioligists in lower altitudes who pass the subject with as little to say as possible, and that little dealing in generalities, whose conclusions have no sounder premises than inference without observation.

Sewell writing in Musser and Kellie's Practical Therapeutics, 1911, Says. "The chapter of morbid physiology, which will give rational indications for climatic treatment in this realm of pathology, is yet to be written." He mentions Dr. Babcock, of Denver, as having done some exceptional observation and research along this line of work. I am unfortunate in not having acess to Dr. Babcock's records of research and conclusions.

The question comes to every thinking practitioner, What is the cause of the phenomena arising in our heart cases in high altitudes? And why do so many improve at sea level?

For every systematic effect there is a physical reason; though some of these reasons still prove too deeply hidden to be discernable to the finite mind. Aristotle proved to his own satisfaction, that the air had no weight, yet we know beyond the possibility of a doubt, that a cubic foot of air weighs about one ounce and a quar-

ter. A few generations bence and the questions that puzzle us beyond endurance, will seem simple and common place. It will do us little good then. What we want is to know now.

Since the heart is conceded to be a simple double pump with valves and automatically contracting muscular walls, its diseases may be divided into valvular insufficiency and muscular weakness. It is not within the scope of this paper to discuss the various causes leading up to the conditions developed under these two heads. What we want to discuss is, what effect altitude has on these conditions, and why it has the effect. In a limited observation extending over a period of sixteen years residence in a moderately high altitude. 4336 feet, I have observed some peculiar phenomena. I am about persuaded that the physical explanation of altitude influence on cardiac action, is due solely to the variation of atmospheric pressure on the individual circulation.

What would be the effect on the circulation if a man's body were placed in a receptacle and the opening around his head closed, leaving his head exposed to breathe and the atmospheric pressure of 14.7 pounds to the square inch at sea level, removed from his body by exhausting the air about it. The capillaries have a capicity of five hundred times greater than the trunk vessels. In their natural expansion they would drive every ounce of blood from the trunks of circulation. The hear would have nothing to pump. The subject

would die of hemorrhage in his capillary system, if his automatic contracting muscular system did not produce compensa-This would probably only balance the circulation for but a short time under such circumstances. Is this not what happens at an altitude of 12,000 feet, when a not too well developed person, free from organic heart trouble, becomes cyanosed. The heart action rapid and weak and central blood pressure lowered; to have compensation restored at a point 6.000 lower down, where the increased atmospheric pressure in one mile of altitude have on the heart with leaky valves, that was working hard to pump the life blood through normal capillaries, if it allowed those capillaries to dilate sufficient to retard the flow of the blood stream and place more work on the leaking pump? The heart whose muscular strength is barely sufficient to keep the blood stream moving in the ordinary condition of the capillaries, finds its efforts insufficient when the dilated capillaries retard the progress of the blood through distended lumen.

Compress the air over any local area of the body and you will have simple mechanical pressure contraction of the capillaries, with a syncronous contraction of the larger vessels to a lesser proportional degree, since their muscular walls are harder to compress and they are deeper seated and protected by surrounding tissue. Exhaust the air over a local area and the physiological action is entirely reversed.

A normal individual coming into a high altitude, undergoes a series of physical physiological changes. The actual phenomena I am unable to describe for lack of appliances, opportunity and mental development. I prefer not to quote those who apparently know. Our subject on arriv-

ing in high altitudes, has muscular weakness, capillary congestion and lowered arterial blood pressure with corresponding increase of the venous blood pressure. An over worked right heart, and a left heart struggling to keep in the game with little to work with. Fortunately so-called accommodation balance up the condition and cardiac compensation takes place in most cases. The lethargy, the somnolent propensities and the dyspnoea exextion are suggestions that requires time to balance up the running machinery we have disturbed by removing a part of the normal atmospheric pressure. Those that do not balance we give agents calculated to restore equilibrium. Those we cannot manage we cannot couveniently keep them in compressed air cabinet, we raise their barometric pressure by sending to a lower altitude. Rarified atmosphere should not produce cyanosis. Violent exercise requiring excessive blood supply and consequent increased necessity for areation produces the ruddy glow of rapid capillary circulation, and not the cyanotic stasis. Well developed persons in good physical condition, with no organic heart trouble are little effected by high altitude. Valvular lesions are all more or less affected by altitude, while degenerated muscular weakened hearts are affected most. I have recently had occasion to study a most interesting case, where a large flabby heart, in a large flabby muscled patient who had once been a wrestler gave me abundant opportunity to confirm the foregoing conclusions.

These cases require more careful study than we are in the habit of giving them, and frequently more than the patience of the victim will tolerate.

The treatment of the condition resolves

itself into two proceedures. The administration of some agent that will temporarily correct the undue dilation of the capillaries, and the upbuilding of the muscular system in such a way as will restore lost compensation betwen the peripheral and trunk circulation.

DISCUSSION.

Dr. Steed has noticed that the conditions described by the essayist occur in this altitude. The dilation of the capillaries calling for the necessity for a greater volume of blood may in some way account for the rapid development of red blood corpuscles when persons move to a higheraltitude.

Dr. Montenyhol said: I want to congratulate the doctor on his very able paper. He has brought out a line of thought that is extremely interesting and valuable especially to physicians who have to do with the treatment of heart affections in high altitudes. I am glad the doctor brought out the question of external pressure influencing the periferal resistance, as it is not only a most important question with the physician in treating circulatory diseases in high altitudes, but also for surgeons to bear in mind, in treating surgical shock and collapse.

In connection with this discussion, it may be well to give a brief summary of the work done by George W. Crile, of Cleveland, O., on blood pressure. Crile's experiments have shown that blood pressure can be maintained at will by the specially constructed rubber suit. When inflated the contrivance gives a uniform pressure on the surface of the body, producing artificial periphal resistance. When pressure is applied uniformly to the body in an exhausted vasommotor condition where blood accumulates in the veirs, it causes the blood to flow toward the heart.

He has shown in his experiments on dogs, that after reducing them to various degrees of surgical shock, that the shock, is due to exhaustion of the vasomoto circulation, or diminution of blood pressure. The use of strychina, alcohol and all of the ordinary stimulants, separately or in various combinations commonly used by surgeons in their efforts to overcome surgical shock has been found to be of no value. and in many cases an increase in the exhaustion of the vasomotor circulation. and causing death. These commonly used stimulants then should not be given under these circumstances. Adrenalin acts upon the heart and blood vessels, raising the blood pressure to a great extent. In Crile's experiments, the circulation of a decapitated dog was maintained for ten and one half hours by the use of adrenalin.

There is no question that the various heart lesions are affected; some for good and some for bad, in high altitude; but as Dr. Swope has said, there is so little information on the influence of blood pressure and high altitude on the heart and valves.

Physicians have long been careless in their advice to patients coming to a high altitude for tuberculosis. They seldom impress upon them the necessity for absolute rest for some time; thus protecting the heart from rapid dilation and many times sudden failure.

Mitral valvular lesions usually do poorly in high altitudes, while aortic lesions, if not too far advanced, do better.

Many persons coming to high altitudes, and never before suspicious of heart trouble, becomed suddenly alarmed by the symtoms caused by the variation of blood pressure.

Dr. Swope in closing the discussion said: "I have to express my thanks to

Dr. Montenyohl for his valuable assistance in looking up data for this paper. He. however, stole a march on me in reserving his knowledge of the experiments of Crile along these lines for his part of the discussion. I had never heard of these experiments until the doctor sprung them on us in the discussion. The doctor is fortunate in having one of Crile's books, a gift from the author; but he did not

let me know of it until after I had read my paper. I am glad to know that Crile's experiments bear out my own conclusions. We have a case in the hospital here that bears out the conclusions in the paper. We have diagnosed in this case a tricuspid, a mitral and an aortic insufficient murmur. We hope to confirm our diagnosis in a few days in an autopsy to which we hope to invite the profession.



"Modern Practice"

By M. D. Walsh, M. D., Pena Blanca, N. M.

Read before the 29th Annual Meeting of the New Mexico Medical Society, Albuquerque, N. M., Sept. 29-Oct. 1st, 1910.

Mankind has always been impressed with magnitude. The first ambition of a man was to create something big; possibly the consciousness of his own bodily insignificance made him wish for this form of self-assertion.

In the year 1798, Dr. Edward Jenner announced to the world what was later generally recognized as the greatest discovery ever made for the preservation of the human species. The discovery of vaccination was the result of many years of patient labor and experimentation. Jenner proclaimed his discovery in a modest pamphlet which soon excited the attention of the entire world. At the present day, living in a country in smallpox is relatively rare, we are prone to underestimate the importance of the discovery of vaccination. There are-to be sure—some physicians in the country who have arrayed themselves against Jennerian procedure, but they constitute an insignificant minority. Medical critics have much fun in reviewing the therapeutics of the 16th century, where the dung, urine and parts of the bodies of animals were used in the treatment of diseases. What will our successors of the twenty-fourth century have to say about our now modern methods? At least two generations of physicians must come and go before a discovery is adopted by the profession.

The whole history of medicine is interspaced with one hysterical delusion after another, one being displaced by another equally as bad. It is probable that all our popular delusions have had a good influence upon medical thought, it being the inevitable history of the human race from primitive man to his modern prototype, the struggle for an ideal, the grasping of a new idea, even if erroneous, leave their impressions on the human mind. shows its fallacies. We can not stand still; we must go either forward or backward, and a succession of logical errors at least demonstrates that we are using what little brain matter the Creator has seen fit to bestow upon us, and inevitably we shall continue the up-hill struggle toward the mountain of truth and the brotherhood of man.

But, gentlemen, did a physician ever accomplish any great thing, or become famous, without study and honest toil? It is not enough to have clear and independent ideas. We must also be brave enough to utter them. I think there is an impetus toward a change in the practice of medicine,-less medicine given, and the trend is back to nature, as she applies to the treatment of disease and where she is understood, make application of her method in preference to needless drugging. I think it is a great mistake to insist that the practice of medicine shall be upon the same pattern with all of us. The treatment of disease and the practice of medicine generally concern a man who wishes to base his methods of practice upon firm pathological and physiological study, to bear continually in mind that the great truths of therapy do not come to all of us

in the same way; we must learn that we are not all made upon the same plan, nor led in the same way, and that we have no right to erect our special type of experience forthwith into any form by which all others are to be censoriously judged by us. There is no one ideal method of practice. It is quite necessary to use different agencies with different patients. There is no difficulty if these agencies work harmoniously side by side, if each does not erect itself censoriously into the one only right and valuable method.

How, there must be some value to a method that reaches success, even if calm reasoning demonstrates the fact that the drug is worthless. A short experience in medical practice soon teaches a physician that he has three factors to contend with in a human body,—the animal, the mental, and the disease. We may delude ourselves into the belief that we can treat the latter and exclude the rest. If we do, we will never have success in the practice of medicine. It is only those physicians who have a good insight into human nature who are successful. Their knowledge of medicine may be very defective, yet on the whole they seem to have a run of good luck. The smart man who is a thorough investigator and has no knowledge of human nature, is rarely successful in medicine; somehow he is too profound and ponderous in his manner and talk. The patients doubt him even when in awe of his learning they will turn to the jolly, jovial physician who may not know enough about medicine to make a poultice, but who knows the animal he has under charge and has made a special study of his idiosyncrasies. The physician's aim should be more than a body patcher, and to be more, he must inspire confidence; he should show by his conduct that he is worthy of confidence, and by his actions create respect.

Aside from the part heredity plays, and barring the contagious and infectious diseases, I don't think there are as many diseases as authorities would have us believe; and in many cases the cause for illness may be traced to the immagination on the part of the patient, foul air, poor food, errors in diet, or self-abuse in one way or another, and in many instances may be cured without a dose of medicine, did we but take the trouble to ascertain the cause. And I think as our knowledge of hygiena, hydro-therapy, psycho-therapy, thermo-therapy, static-electricity, broadens, the use of drugs will become less.

Acute Suppuration of the Middle Ear

Read by Dr. D. D. Swearingen of Clovis before the Pecos Valley Medical Association at Roswell N. M., Sept. 25, 1911.

Mr. President and Gentlemen of the Pecos Valley Medical Association.

The subject I have selected for discussion, is Acute Suppuration of the Middle ear. I have nothing new to present on this subject, merely a rehearsal of what has been said before.

The general practitioner is generally the first medical attendant in cases of this kind, and for that reason they are of great importance to us. In some cases of this kind we are responsible for partial or total loss of hearing, and sometimes the death of the patient.

This disease is more prevalent in infancy and childhood than in adult life or old age.

Etiology: Several of the acute febrile diseases act as exciting causes of purulent otisis media. Scarlatina, measeles, and diphtheria are frequent causes in children, and during attacks of any of these diseases, the nose, throat and ears should be frequently inspected and cleansed. In adults, severe colds and lagrippe are frequently responsible for attacks of otitis media.

Typhoid fever, pneumonia, and acute nephritis are sometimes responsible for this disease.

Simple median catarrhal otitis may become purulent by the entrance of infection through the eustachian tubes or through the external auditory canal.

The pyogenic organisims most frequently invading the middle ear, are the pneumococcus of Frankel, streptococcus and staphylococcus.

Enlargment of the faucial and pharyngeal tonsils, are fruitful sources of this disease in children.

Symptoms:—This disease is more severe and is attended with more severe systematic disturbance, than the simple catarrhal offits media. The pain is agonizing, the impairment of hearing pronounced, the tinnitis continuous and intense, and there is a sensation of great fullness in the region of the ear.

At times systematic disturbances occur, such as high fever, constipation, loss of appetite, insomnia, delirium, and in children, convulsions.

The drum membrane is intensely conjested and instead of retraction there is bulging of the drum head, more particularly the upper and posterior half.

When the infection is confined to the attic, there will be conjection and bulging of Schrapnells membrane only.

The attic is the most favorable site for the development of pyogenic organisms, because the upper portion of the tympanum contains more connective tissue than the lower portion, and pyogenic organisms thrive better in connective tissue than in mucous membrane.

Mastoid, meningeal and brain complications, are more likely to occur when this portion of the tympanum is involved, by reason of the close anatomical relations of these parts.

If the patient is not interferred with and the disease is allowed to run its course, the collection of pus steadily increases, and the tension becomes so great that the drum membrane finally ruptures and relieves the symptoms.

From one to four days is usually required for the unassisted case to develop and rupture the drum membrane.

And during this waiting upon nature to relieve the condition, the patient is subject to great pain, very serious complications and permanent impairment of the organ of hearing.

Other complications that are liable to occur, are facial paralysis, meningitis, pyemia, and septicemia, thrombosis of the lateral sinus and possibly other sinuses, extensive necrosis of the temporal bone, and finally cerebral abcess.

The facility with which meningitis may be caused, is explained by the close anatomical relations that exist between the tympanic and antral cavities and the brain.

In infancy, previous to the closure of the petroso-squamosal suture, there is nothing but membranes separating the brain from the cavities of the middle ear and the mastoid antrum.

Also a facial palsy may occur after a very slight infection in the middle ear, because the facial nerve as it passes through the upper portion of the tympanic cavity, sometimes has no bony covering, and infection can readily be extended to the nerve in this region.

The point at which spontaneous rupture occurs is usually in the lower anterior or posterior portion of the drum head.

In case that the attic is infected, the rupture will be found in the membrana flaccida.

Even when spontaneous rupture has occured early, when the disease was caused by influenza or diphtheria, the acute condition is liable to merge into chronic otitis media in spite of all treatment. In these infections of the middle ear, if the pus is not promptly evacuated, extensive destruction of the ossicles and the tympanic wall is highly probable.

Diagnosis.—A severe catarrhal otitis media cannot be differentiated from a mild supprative attack previous to the perforation of the drum head.

Cleanse the external canal thoroughly and inspect every part of the drum membrane for the perforation.

Sometimes the perforation is very small and could be easily overlooked.

Prognosis:—In uncomplicated cases in which we see the patient early and the patient's general health is good the prognosis is generally favorable. When the disease follows or complicates measles, typhoid fever, scarlet fever, or the patient has a taint of tuberculosis, or syphilis, then the prognosis is decidedly unfavorable

Lagrippal infections of the middle ear are decidely severe and are liable to cause extensive destruction of the parts.

When severe pain persists, tinnitis is intense and continuous, after perforation and the discharge does not diminish under treatment, the prognosis is decidedly unfavorable.

Treatment:—In all varieties of otitis media the nose and nasopharynx should be treated from first to last.

The nose and naso pharynx is a hot bed for disease germs of many kinds and during the physiological opening of the enstachian tubes the infection enters the middle ear, and if the source of infection is not removed by cleansing these parts, reinfection is continually added until a decided attack of median otitis is produced.

Frequent cleansings of the nasopharynx and the application of astringents to the mouths of the eustachian tubes, by means

of a cotton tipped probe, properly curved, will deplete the swollen membrane and allow the contents of the tympanic cavity to escape through the natural outlet.

There is nothing that will answer the purpose better than cocaine and adrenal-lin chloride.

If we can secure patency of the eustachian tubes it will probably not be necessary to open the drum membrane.

However, when we see the patient if the drum head is bulging and the patient is suffering great pain, the drum membrane should be incised at once.

If we are consulted early in the attack we may be able to avert the necessity of opening the membrane.

If perforation has already occurred and the symptoms do not abate we should incise the drum as before.

The best instrument for opening the drum membrane is a small curved bistoury. The incision should be made through the inferior and posterior portion of the drum membrane.

Incision of the drum head is a very painful operation and it is very hard to anesthetize with a local anesthetic.

This formula will be found very servicable if the drum is not perforated: Cocain 10 grains, alcohol one drachm, analin oil one drachm. Cleanse the external canal thoroughly and instil a few drops of this solution into the canal.

The alcohol and analin oil causes the cocain to be absorbed and produces a local anesthesia sufficient to perform the operation without pain.

It is important to examine the membrane thoroughly to ascertain if the membrane has a perforation before using this formula, as analin is ver poisonous and sufficient quantity can readily be absorbed from the mucous membrane of the middle ear to cause analin poisoning.

If the pus is thin and flows freely from the tympanum there will be no necessity for washing the ear canal with antiseptics.

A slender piece of gauze placed close up to the drum will assist drainage. On the other hand if the pus is thick it will be necessary to wash the canal with some antiseptic solution every few hours.

In conjunction with the free incision and washing, the nose and throat should be vigorously treated as stated before.

With this treatment the tympanum will probably be able to free itself of the infection.

If healing is delayed the middle ear may be inflated to assist in the removal of pus.

After suppuration has ceased and the drum membrane has healed, inflations of the middle ear should be done for a period of a week or ten days in order to restore the normal mobility of the ossicles.

Diagnosis of Gastric Carcinoma

Elliott C. Prentiss, M. S., M. D., El Paso, Texas.

Read before the 29th Annual Meeting of the New Mexico Medical Association, Sept. 29, Oct. 1, 1911.

This subject should be of great interest to all internists on account of the frequency of gastric carcinoma, its high mortality and the possibility of cure if diagnosed early enough. The diagnosis to be of value, must be made early. We must be more suspicious of the existence of this condition and examine for it very carefully. Gastric carcinoma comprises more than 1-3 of all cases of cancer, and occurs mostly after forty years of age. Authorities do not agree as to how frequently gastric carcinoma follows ulcer: some place it as low as 5 per cent. Hayem gives it at about 20 per cent. Wilson Mac Carty of Rochester, Minn., Mayo's clinic found that in a series of 266 cases, 71 per cent had their origin in ulcer. Zenker thinks that the great majority originate in ulcer, and Robson estimates it at 59.3 per cent. In my experience it has been much lower. The localization is given by several authorities as follows:

Per Cent	HAHN 55	ORTH Per Cent	BOAS Per Cent
Fylorus51	35.5		34.5
Pylorus and lesser			
curvature		80	
Cardia 9	23.5	10	
Lesser curvature16	15.9		33.6
Greater curvature 7	4.7		
Diffuse infiltration 6	12.3	10	
Fosterior wall 4	4.1		
Anterior and Pos-			
terior wall 4	?		
Anterior wall 3	4.1		

In my experience there have been fewer at the pylorus and more on the lesser

curvature and the cardia. Boas says that carcinoma does not develop at the pylorus, but above and spreads downward.

I will take up the points of diagnosis under the following heads:—History. Symptoms, Physical and Instrumental, Examination, Analysis of Saliva, Stomach Contents, Stools and Blood, and also Exploratory Operation.

History: The disease may start by a gradual aggravation of existing symptoms. such as those due to ulcer, catarrah, dilatation, etc., or occur in one who had not had any symptoms. Either occuring in a patient above 40 years of age should be suspicious. Symptoms may occur acutely after the tumor has grown for some time, without giving evidence of its presence. In one case I saw there was a feeling as if a foreign body were at the cardia; there was no pain or obstruction, nor was there any during the course of his illness. Pain is variable. There may be none. With localization at the cardia swallowing is frequently painful. A feeling of pressure or weight in the stomach often occurs. This would differentiate the condition from ulcer. When the tumor is at the pylorus obstruction occurs, and vomiting, is of course, frequent. The vomitus will contain remnants of food eaten a day or two previously. With localization elsewhere vomiting is not common. Progressive loss of weight strength, and gradually increasing anemia are of importance. A tumor mass must be sought for carefully. When the tumor is at the cardia or lesser curvature it may not be felt. When one is felt its location should be carefully determined. Tumors of the pylorus are generally not movable on inspiration, while those of the rest of the stomach, liver and gall bladder, are. Expiratory fixation would differentiate tumors of the stomach from those of the gall bladder. Inflation of the stomach with .CO2 or air, and the colon with air, aids also in localization. Metastasis cannot be considered of value in early diagnosis; neither can fever and oedema. When the tumor is situated at the cardia difficulty in swallowing may not occur until the stenosis is marked, but it will eventually occur. At first solid food only is obstructed. I have recently seen two cases of gastric carcinoma of the lesser curvature enroaching upon the cardia; in one the tube would not pass the cardia and in the other there was a marked resistance. Neither complained dysphagia. In such cases the sounds heard upon swallowing water are delayed. Normally, water passes the cardia 12 seconds after being forced from the mouth into the oesphagus. With obstruction at the cardia this may be very much delaved.

Instrumental Examination. Gastrodiaphany is a good means of locating a tumor in the epigastric region. The examination is carried on in a dark room. The stomach is moderately filled with a weak solution of flourescein, the gastrodiaphane introduced and the light turned on. Tumors between the light and the surface can be readily outlined. The X-Ray is also of assistance and should be used in suspected cases where feasible. When the tumor is at the cardia a stomach tube will meet with obstruction early in the case, and upon removal will frequently have blood or pus upon it, also food if the obstruction be marked. The tumor at the cardia may be inspected by means of the oesophagoscope.

Examination of Saliva. The saliva normally contains sulpho-cyanide of potassium, which gives a red color with hydrochloric acid and dilute ferric chloride. It has been claimed by several authorities that this substance is absent in gastric carcinoma. I have made the test in a number of carcinoma cases and found it unreliable.

Analysis of Stomach Contents. In making the functional examination the Ewald-Boas test breakfast is conveniently used. Macroscophic appearances of the test meal. The bread is very poorly digested. When there is a marked stenosis of the pylorus there may be the typical three layers. The odor may be sweetish, or foul and offensive in marked cases, or in early eases not noticeable. When bleeding is very slight, red blood cells may be found only with the microscope, or by the aloin and guaiac tests; where marked the typical "coffee grounds" will be observed. Mucus may or may not be present.. After noting the macroscopical appearances, it should be examined chemically for free HCL., combined HCL., and blood.

Absence of HCL. is one of the classical symptoms of gastric carcinoma, but frequently does not occur early enough for it to be of value in diagnosing cases in the operative stage. When there is a preexisting hyperacidity, such as that due to ulcer, the acid will not dissapear until late. There may be sub or anacidity, in which case if one depended too much upon the absence of HCL, he would be very apt to draw wrong conclusions. When the tumor is located on the fundus HCL, disappears earlier than when it is at the pylorus. Boas found free HCL, present in 18 out of 43 cases of pyloric carcinoma.

Absence of HCL, in these cases although not a constant symptom is not to be undervalued. Boas noticed this symptom in 77½ per cent of gastric carcinomata not located at the cardia. There is seldom a severe hemorrhage in these cases, but when ulceration begins occult bleeding is usual. The unfiltered specimen should be examined for blood by the aloin and guaiac tests.

Neubauer and Fischer state that a special ferment exists in the stomach contents in gastric carcinoma which will change polypeptids, such as glycyltryptophan into tryptophan, which is recognized by a reddish-violet reaction to bromide water. The presence of blood, bile and tryptophan must first be excluded in the specimen to be tested. W. G. Lyles and P. A. Kober found that most cases of gastric carcinoma reacted positively to the glycyltryptophan test. Two cases of pernicious anaemia gave a positive reaction, while other non-malignant cases were negative.

Microscopical Examination. Sarcinae when present are easily recognized and are found only where there is a marked stagnation of food, as in cases of pyloric stenosis. They are seldom found when HCL. is absent or in cases of carcinoma. Lactic acid, long or Oppler-Boas bacilli are found in connection with lactic acid and denote stagnation. They are much longer than other bacteria and are easily recognized on that account. Infusoria are oceassionally found when the stagnation is marked and are seldom found in other than gastric carcinoma cases. There may be only a few red blood cells present, or in case of a "coffee ground" specimen, the field will be full of them.

Examination of contents of fasting stomach. Upon washing out the fasting stomach, one might obtain small tumor

particles which may be recognized by microscopical examination. This, of course, would be absolute proof of malignancy.

Examination of gastric motility. When the tumor is located at, or near the pylorus, gastric motility is impaired early, which may be determined, as suggested by you Leube, by giving a meal of soup, steak. and bread, and inserting the stomach tube seven hours later. The presence of macroscopic food particles would point to motor insufficiency. Boas suggests that a meal of cold meat .tea with milk and sugar, and rolls with butter, be given at 8:00 P. M. and the contents of the fasting stomach be removed at 8:00 A. M. The presence of food and lactic acid would show marked motor insufficiency. The test for lactic acid most conveniently used is that of Strauss. Lactic acid is present when there is diminished motility, and diminished or absent HCL. Its presence taken in connection with other symptoms is of value. About 75 per cent of gastrie earcinomata show lactic acid fermentation, and according to Schiff 84.4 per cent of gastric cases with lactic acid fermentation are carcinomata. sence of lactic acid does not exclude carcinoma, while its constant presence makes the presence of a malignant growth probable. Later the classical symptoms of stasis result-vomiting of food from the day before, presence of lactic acid, long bacilli, etc. In cases of fundus carcinoma, the stomach is usually empty in the morning fasting. Upon having the patient take a little water and removing it, microscopical food particles mixed with blood will be found.

Salomen test. A method of differentiating between ulcerated and non-ulcerated conditions is that suggested by Sal-

omen. The test is fairly reliable and is of value when taken in connection with other findings. In ulcerated conditions of the stomach, there is a constant outpouring of blood serum. The test is based upon the presence of albumin in the blood serum being present in the fasting stomach. In carrying out this test no albuminous food is allowed after noon of the day before the test; in the evening the stomach is thoroughly washed. On the following morning the tube is inserted into the fasting stomach and 400 C. C. of normal salt solution is inserted, and by raising and lowering the funnel is mixed thoroughly with the contents of the stomach and re-This food is examined for albumin by the Esbach method, and also for nitrogen by the Kjeldahl method. When there is no ulceration there is very little albumin, but when ulceration is present the reaction is marked, being as high as .5 per 1000. Twenty -five to 30 mg. nitrogen by the Kjeldahl method speaks for ulceration. Alessandri says, in a recent article, that this test will give positive findings before the other methods do. He says that in every case of gastric carcinoma in which he has used it, it has been positive. Goodman says that cases of gastric carcinoma in which there is no ulceration, may give ulcerated findings, while gastric affections other than carcinoma may be positive. He considers the test of doubtful value.

Urine. The examination of the urine is of no diagnostic importance in this condition.

Examination of the faeces. When ulceration occurs there is usually a small amount of blood being constantly lost which is not enough to color the stools, and the red cells are so altered by the digestive processes that they are not re-

cognizable with the microscope. The red coloring matter is found by means of the Weber test, aloin or guaiae being used. The guaiae test shows a positive reaction in one part of blood to 200,000 parts of the specimen examined. This test is positive in practically all cases of pyloric carcinoma, and in about 70 per cent of cases with localization at the fundus and body of the stomach.

Normally Gram negative organisms largely predominate over the Gram positive in the stools. In cases of gastric earcinoma Gram postive bacteria greatly outnumber the others. Rudolph Schmidt, of Neusser's Clinic, was the first to study this subject. Gram positive stools were found in cases of primary gastric carcinoma, cancer of the uterus, typhoid fever, and in one doubtful case of gastric ulcer. Elliott had two cases of gastric carcinoma with Gram negative stools. P. K. Brown has not found Gram negative stools in benign cases, and all malignant cases he has have been Gram positive.

Digestive Leucocytosis. During gastricdigestion the leucocytes are normally increased in the blood. In studying this phenomenon it was found that it was absent in many cases of gastric carcinoma. Later investigation has also shown that it is also frequently absent in many other gastric disorders. It cannot therefore, be used as a point of differential diagnosis,

Livierato has recently found that the phenomenon of anaphylaxis may be used in the diagnosis of gastric carcinoma. He prepares guinea pigs by injecting minute doses of human mammary carcinoma, and then injects .05 C. C. of gastric juice from the patient. In cases of cancer the injection proves rapidly fatal; otherwise it is harmless. This occured even when the

animals were prepared only 24 hours before the test.

Elsberg, Neuhof and Geist describe a test in which normal human red cells are injected under the skin of patients who are suspected of having gastric carcinoma. If positive, the reaction begins about 5 hours after the injection and is at its height in 8 hours. The sight of injection becomes raised, with a well defined margin and may vary in color from a brownish red to a maroon, with a slight bluish tinge. They obtained a positive result in 89.9 per cent of carcinomata, and in 4.6 per cent of cases not carcinomata. Very late cases did not react.

Exploratory incision. Sometimes one even after the most careful examination. such when the tumor has become too large to be removed, or metastasis has o. parred. I believe that the patients who. upon careful examination, present reasonably suspicious symptoms of gastric carmoma should have an exploratory inrision made. In a majority of such cases there will be a tumor which frequently will be small enough to be completely removed. Ther will account for most of those not arcinoma, which, as a rule, would be best treated by gastro-enterostomy. Few of the cases not cancer or ulcer would be materially injured by the operation. If this procedure were more frequently carried out many lives would be saved which would otherwise be lost.

Case I. M. M. Male. White. Age 49. Patient was well until present illness, which began one year before I saw him. The first symptom was a slight pain in the stomach after the noon meal. Seven morths before I saw him he lifted a heavy weight, and vomited about "Two quarts" of blood, and fainted. He was at work again in a week and worked for four months. Other symptoms gradually came on, such as constant, dull pain in the stomach, at first not associated with eating, but later worse for 4, 6 or 12 hours after eating, eructations of gas and acid fluid. and increasing anemia and loss of weight and strength. A tumor developed in the region of the stomach. The stools were

Examination. Haemoglobm 40 per cent, marked tumor in the left hypochondriac and epigastric regions; the stomach was not dilated. Test breakfast. "Coffee grounds," HCI 9 deg., total acidity 37 deg., lactic acid marked. Microscopical-starch. fat. red blood cells, sarcinae, yeast in clumps and long bacilli. He died three months later. The points of interest are the severe hemographe, the presence of both lactic and hydrochloric acids, and the the presence of sarcinae and long bacilli. The dark color of the stool- was probably due to altered blood.

Lymphatic Leukemia

REPORT OF A CASE.

R. E. McBride, M. D., Las Cruces, N. M.

Read before the Dona Ana County Medical Society, April 26, 1911.

G. W. B. a male person aged forty-two years and an office man by occupation called on me in my office on February 15th, 1911. Mr. B. was a native of Missouri and had come to New Mexico some four years ago because he feared a tubercular infection, a sister and other members of his family having died from this disease. From time to time since he had resided here he had consulted me for various minor aliments, the chief of which was looked upon as an intestinal toxemia. This was about 18 months ago. At the time of this visit he stated that he had been more or less unwell since December 15th, 1910, at which time he had had what he supposed to be a grippal attack and which had had no medical advice inasmuch as he was very busy with his work during the pre-holiday rush and he "worried through" on his feet. Two weeks after the holidays however he had taken a two-weeks vacation and rested up after which he had returned to his work, better he thought, but still far from well.

At this time, Feb'y. 15th he complained of being weak and tired and coughing some, as well as having a slight sore throat and fever. His temperature at the time he was in the office was over 102 deg. F. and his pulse 120. He had noticed the fever on the previous Sunday afternoon and thought he had taken a fresh cold as he was coughing more than usual that time and was raising some mucous of a sticky character. A hasty examination showed some slight degree of bron-

chial catarrh. The tonsils were red and swollen and the lymphatic glands about the neck were enlarged. The spleen was slightly enlarged as was also the liver. He was given treatment and asked to send the spuum and urine for examination. At this time the nature of the disease was not recognized. On the seventeenth, the day he was to have to returned he did not show up at the office on account of the weather but telephoned that he would be in on Monday. On Monday he was too sick to ride to town but sent the sputum and urine for examination. The sputum showed streptococci and staphylococci in large numbers but nothing else was noteworthy while the urine was normal so far as specific gravity, reaction, albumen and sugar are concerned. The following morning (Feb'y. 21st.) I called on him at his home. At that time he had a temperature of 99 2-5 deg. F. and a pulse of 108. His condition was much the same as when seen at the office the previous week save that the glands were larger and the lymphatics of the groin, both above and below Poupart's ligament, were very much swollen as, were also the chains of glands along the ribs on both sides of the chest. The throat was complained of as being quite sore, swallowing being accomplished with difficulty and some pain. The gums were swollen and red and seemed to be about to cover the teeth at spots while on the lower gum, near the left "wisdom tooth" there was a sloughing ulcer of some size. Fearing a blood dyscrasia of a surious nature I asked Dr. Sexton to see the case with me and to make a differential count, meanwhile a tentative diagnosis of Acute Lymphatic Leukemia was made.

The blood count made the next day resulted as follows:

Result of Blood Count of G. W. B. February 28th, 1911.

Red cells2,458,000
Leucocytes 189,862
Large lymphocytes495.
Eosinopliles 2.
Small lymphocytes 23.
Polynuclear neutrophyles 1.

Total leucocytes counted......521.

With this result before us and careful consideration of the clinical symptoms a positive diagnosis of lymphatic leukemia was made as was also a fatal prognosis and the family notified. At this time Dr. Hugh Crouse of El Paso was asked to see the case at the family's request. Dr. Crouse made a most careful examination and arrived at the same conclusion as had Dr. Sexton and myself. The case progressed to a rapidly fatal ending, the patient passing away on the morning of March 7th.

The symptoms as presented and the condition of the various organs involved are interesting when taken up in detail.

Onset.

The onset was rather insiduous, the gradual and progressive weakness following a supposed grip.

Glands.

The gross signs of swelling of the lympathic structure, as the lymph glands, the spleen, the lymphatic structures of the mouth, the cervical and auxiliary glands as well as those of the groin. The largest of these glands was about the size of a pigeon egg. They were hard and freely movable and scarcely sensitive, save the left sub-maxillary group which gave much pain, possibly from absorption of toxins from the sloughing ulcers on he left lower gum.

The spleen was enlarged, the lower border being easily palpated below the border of the ribs on the left side.

The pharyngeal tonsils were much enlarged and showed signs of ulceration, as marked by the necrotic exudate covering them.

Hemorrhages.

The hemorrhages in this case were small. There were a few petechial spots on he anterior surface of the chest, at the end of the spine and about the buttocks. Nose bleed ocurred several times but was easily controlled. Towards the end there were small amounts of blood in the stools. The eye grounds were not examined.

Ulceration.

There was a marked ulceration, (necrosis) of the gums, several small necrotic areas being easily seen, the largest of which was on the left lower gum posteriorly. It was this marked ulceration of the spongy gums that first suggested the diagnosis.

Blood.

The blood report speaks for itself. To attempt to detail the various features would be imposing on your time, as a careful study of the differential count is scarcely necessary to demonstrate the "fit-

ting in" of the blood condition with the remainder of the symptoms.

General Symptoms.

When we come to the general symp toms we note the wax-like grayish yellow pallor of the skin and this was very marked.

The heart activity was much increased.

Some dysphoea was complained of, due evidently to the occlusion (partial) of the nose and throat by lymphomatous masses.

The fever curve was irregular, suggestive of no particular thing at any time and scarcely running two days the same.

The liver was perceptibly enlarged though icterus was absent.

COUNTY SOCIETIES

Items From Roswell.

Dr. E. M. Fisher, who has been sick a long time, is again able to be at his office and attending his practice.

The following physicians from a distance attended the meeting of the Pecos Valley Medical Association in Roswell on April 25th: Drs. R. W. Meader and L. H. Pate, of Lake Arthur; Drs. Van Alman and D. D. Swearingen, of Clovis; Dr. M. Friedman, of Carlsbad; and Dr. E. S. Furay of Lakewood.

Quite an interesting program was had and enjoyed by all present.

"The Lunch and Smoker" at the Country Club at night was a very enjoyable affair, those attending reporting not being able to leave the attractions till "The mocking building. His application for membership in the C. C. M. S. is in.

Dr. R. W. Meador, of Ky., has located at Lake Arthur and has placed his ap-

bird was singing greetings to the morning star."

The C. C. M. S. is doing some splendid work along the line suggested by the Posi Graduate study of the A. M. A. We have full meetings and earnest work by the membership. Meet every Thursday night.

Dr. W. T. Joyner has been quite sick for the past several days but is able to resume his work again.

Dr. F. A. Allen, of Missouri has located in Roswell and taken offices in the Kinsinger building. He is a member of the C. C. M. S.

Dr. H. V. Fall, of Ohio has located with us and taken offices in the Kingsinger plication for membership in the C. C. M. S.

Max, the little son of Dr. C. M. Yate

is up and about after quite a hitch with scarlet fever.

Dr. J. M. Williamson has been laid up with sickness for some time, but is on the mend,

Dr. E. M. Fisher, though very weak from his recent sickness, was called to the bedside of his aged mother in Denver a few days since.

Grant County.

Dr. L. S. Peters, formerly of the Sunnyside Sanatorium has severed his connection with this institution and has become associated with Dr. E. S. Bullock as medical director of the New Mexico Cottage Sanatorium.

The Grant Co. Medical Society met at the New Mexico Cottage Sanatorium this month and were given a dinner by that institution after which the regular program was carried out. Dr. William Mac Lake read a paper on Rupture of the Bladder with report of two cases.

Dr. H. C. Caseldine has returned to Silver City after having spent some time in Albuquerque at the Santa Fe Hospital.

Dr. W. S. Lank has become Medical Director of the West Sanatorium. He was formerly assistant at the Sunnyside.

Dr. O. J. Westlake rejoices in the birth of a son at his home this month.

Another sanatorium for consumptives has opened at this place. It is located in the pines about twelve miles from town. Dr. Victor Mueller is the physician in charge.

Luna County.

Minutes Meeting Luna Co. Med. Soc.

Luna county Medical Society met in the office of Dr. S. D. Swope, April 18, 1911. Present, Drs. Steed, Moir, Crocker and Swope. Drs. Montenyohl, Milford and Hoffman, visiting. Dr. Swope reported cases of fatty tumor and inguinal glands removed showing specimens. The fatty growth was extensely interesting from the extent and number of its fimbriated extensions. Dr. Steed reported a case of abortion of triplets. The sympathy of those present was expressed for the Doctor, that the case was not allowed to go to full term that he might have had the privilege of increasing the population of the county to that extent.

Dr. Swope read a paper on influence of altitude on cardiac lesions which was discussed by those present.

Applications for membership were received from Dr. F. A. Montenohl and Dr. R. C. Hoffman committee reporting favorably on same they were duly elected and enrolled as members of the society.

There being no further business the society adjourned.

Samuel D. Swope, Secretary.

Dona Ana County.

The Dona Ana County Medical Society held its April meeting at the office of the Secretary on the 26th. Those present were Drs. Laub, President, R. E. McBride, and T. C. Sexton, with Drs. Hodges and Cornell guests.

Dr. McBride read the report of a case

of acute lymphatic leukemia, which was discussed by those present.

It was discussed and decided that as soon as he new men who live in the vicinity and not yet eligible to membership, become members, that the post-graduate work be again attempted, hoping the work will meet with more enthusiasm than the first attempt did.

It was also decided that the vacancy of the vice presidency also be temporarily ur filled until the new men can be admitted; and like wise the delegate to the New Mexico Medical Society.

The principal matter in discussion of the evening however was brought out when one of the members present called the attention of the Society to the fact that counter prescribing was very common here, and carried on to the detriment of the profession; as well as that one of the unregistered physicians in this vicinity was practicing it openly. This topic has been introduced to the Society before but no concerted action has ever been taken and the matter has been put off from time to time for definite action. At this meeting, however, a motion was passed that—"The president and secretary of this society be authorized to consult with some reputable attorney relative to the laws governing the practice of medicine and counter-prescribing in this Territory; with the view to the effort to force discontinuance of irregularities arising in this town and County from the violation of said laws by druggists and others who are not registered physicians; and to report in writing, with the attorney's written report, at the next regular meeting."

The Secretary read the report of the Secretary-treasurer to date, and several communications that had been received since the last meeting. The meeting was then adjourned until the 4th Thursday in May.

BOOK REVIEW

BOOK REVIEW

Diagnostic and Therapeutic Technic.

Diagnostic and Therapeutic Technic. By Albert S. Morrow M. D., Adjunct Professor of Surgery, New York Polyclinic. Octavo of 850 pages, with 815 original line drawings. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$5.00 net.

Doctor Morrow's book will be received gladly by every general practictioner. In this volume there are brought together and arranged most of the important diagnostic procedures and methods and while some may belong to the domain of the specialist most of them are proceedures that the

general practictioner is called upon to use in his every day practice.

There are twenty chapters in this volume and the text is well illustrated and generously. The illustrations are particularly adapted to the purpose of explaining the text and the most important steps in the various methods and add much to the value of the book.

So far as the reviewer knows there is no other single volume published that gives the same information in such a clear and concise manner. The book will undoubtedly receive the support of the body of general practitioners for whose benefit it has been compiled.

Practical Treatment.

Volume II.

A Handbook of Practical Treatment. In three volumes. By 79 eminent specialists. Edited by John H. Musser, M. D., Professor of Clinical Medicine, University of Pennsylvania; and A. O. J. Kelley, M. D., Assistant Professor of Medicine, University of Pennsylvania. Volume II: Octavo of 865 Pages, illustrated. Philadelphia and London; W. B. Saunders and Company, 1911. Per volume: Cloth, \$6.00 net; Half morocco, \$7.50 net.

The second volume of PRACTICAL TREATMENT easily comes up to the excellent standard set by the first volume. With the exception of the first article on diseases of the cardio-vascular system by Sir Clifford Allbut, the volume is devoted to the consideration of the therapeutics of the infectious diseases, and their complications.

The chapter on tuberculosis is to be specially commended. There is a more complete discussion of climatic effects than is usually found in works of this kind, and the essential details of climatic treatment are considered without any attempt to exaggerate in favor of one's particular choice of locality. We are particularly pleased to note that the writer does not over-estimate the value of tuberculin and other antitoxic serums.

The chapter on Syphilis contains a section on "606" and we note that the authors of this chapter. White & Wood, advise the general practitioner to follow the older methods of treatment, "leaving the use of these new compounds to the experimenters and well-qualified specialists."

A chapter is devoted to the Aural Complications of the Infectious Diseases, and another to the Joint Complications.

The chapter on Animal Parasites is complete and ends the book.

As stated in regard to the first volume, the work bids fair to rank with the best of its kind and should be at the command of every practitioner.

Howard Taylor Ricketts y Sus Trabajos Sobre El Tabarillo.

The published records of the work of doctor Howard Taylor Ricketts in his investigations of typhus fever have been forwarded to us by the "Jefe" of the "Seccion de Archive Estadistica e Informacion" of the Mexican Government.

These records have been published and distributed by the Mexican Government as a tribute of respect to the memory of the talented young American physician who lost his life from the very disease he was investigating. They are published in Spanish and neatly bound.

New and Non-Official Remedies-1911.

Containing Descriptions of the Articles Which have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association, Prior to Jan. 1, 1911.

CHICAGO—Press of the American Medical Association, 535 Dearborn Ave.

Quoting from the preface "This book contains the medicinal substances which prior to Jan. 1, 1911, have been examined by the Council on Pharmacy and Chemistry of the American Medical Association, which appear to comply with the rules of the Council." * * * The Council desires physicians to understand that the acceptance of an article does not necessarily mean a recommendation, but that so far as known it complies with the rules adopted by the Council."

We advise each physician to keep a copy of this book in a handy place for reference.

The New Mexico Medical Iournal

Volume VI IUNE, 1911 No. 9

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The Councillor Districts as arranged by the members of the Council are as follows:

Dona Ana, Luna, Grant, Sierra, Socorro, Valencia and Bernalillo in charge of Councillor S. D. Swope of Deming.

Eddy, Chavez, Otero, Lincoln, Roosevelt, Torrance, Quay, Curry and Guadalupe in charge of Councillor W. T. Joyner of Roswell.

San Juan, Rio Arriba, Taos, Colfax, Union, Mora, San Miguel, Santa Fe and McKinley in charge of Councillor W. R. Tipton of East Las Vegas.

The secretary of the Territorial society desires to call the attention of the county societies to the fact that only two or three of them have so far reported the new officers. Below is a list of the secretaries of the various county societies as they appear on our lists. If corrections are to be made in this list it would be a favor to the secretary of the Territorial society if notification be sent him at once, together with the correct information.

Dona Ana, T. C. Sexton, Las Cruces. Chavez, C. M. Yater, Roswell. Santa Fe, J. M. Diaz, Santa Fe. Luna, S. D. Swope, Deming. Torrance, C. D. Ottosen, Willard. Grant, L. S. Peters, Silver City. Las Vegas, W. E. Kaser, East Las Vegas.

Otero, J. G. Holmes, Alamogordo. Eddy, E. S. Furay, Lakewood. Bernalillo, F. E. Tull, Albuquerque. Quay, R. J. Thompson, Tucumcari.

Colfax, J. L. Hobbs, Gardiner. Curry, A. L. Dillon, Clovis. Roesevelt, H. F. Vandever, Elida. Pecos Valley District Medical Society, A. L. Dillon, Clovis.

Committee on Public Policy and Legislation of the New Mexico Medical Society.

-
Dr. E. B. Shaw, chairman, East Las Vegas
Dr. C. M. YaterRoswell
*Dr. T. B. HartRaton
Dr. J. A. MassieSanta Fe
Dr. T. C. SextonLas Cruces
Dr. G. K. AngleSilver City
Dr. S. G. Von AlmenClovis
Dr. R. J. ThompsonTucumcari
Dr. Cowan
Dr. C. J. Amble
Dr. P. M. SteedDeming
Dr. GarmanyPortales
Dr. J. G. HolmesAlamogordo
The President, ex-officio.
The Secretary, ex-officio.
*Deceased.

Proposed Amendments to the Constitution.

The following amendments to the constitution are to be voted upon at the next regular meeting of the New Mexico Medical Society:

"Amend Art. 9, Sec. 1 of the constitution by striking out the word "three" and inserting the word 'seven.' "

"Amend Art. 9, Sec. 2, by striking out all that portion of said section referring to terms of councillors and inserting the following: 'The terms of councillor: shall be for three years. Those first elected serving as follows: Two for one year, two for two years, three for three years, as may be arranged, so after the first election two shall be elected annually for a term of three years, and each third election three shall be elected for a term of three years."

"Amend Art. 4, Sec. 2 of the constitution by striking out all that portion of Sec. 2 down to and including the word territory' and substituting therefor as follows: "The members of this society shall be of good moral and professional character, graduates of a reputable medical college, and licensed practitioners of the territory."

THE LEGISLATIVE COMMITTEE.

The legislative committee appointed by President Fest has, as yet, made no report.

With statehood looming large, the labors of this committee are most important. It is most necessary that the needed medical and health legislation be obtained from the first State legislature, and the legislative committee can make a detailed report to the society at its East Las Vegas meeting. Much good can be done by a thorough discussion of the questions involved.

The next annual meeting of the New Mexico Medical Society will be held in East Las Vegas sometime in September.

The official announcements will be made later.

The program committee has not as yet decided upon the outline of a program, but the secretary asks members intending to present papers to get their work in line in ample time.

ANTITYPHOID VACCINATION FOR BENEFICIARIES OF THE PUBLIC HEALTH AND MARINE-HOS-PITAL SERVICE.

To aid in the prevention of typhoid fever, the officers of the Public Health and Marine-Hospital Service have been instructed to offer antityphoid vaccination to the Leneficiaries of the service.

The beneficiaries are those on board in the care, preservation, or navigation of any registered, enrolled, or licensed vessel of the United States or in the service on board of those so engaged, the officers and crews of the Revenue-Cutter Service, the officers and crews of the Ligh house Establishment, seamen employed on the vessels of the Mississippi River Commission, seamen employed on the vessels of the Engineer Corps of the Army, keepers and crews of the United States Life-Saving Service, officers and seamen on vessels of the Coast and Geodetic Survey, and seamen employed on United States Army transports or other vessels belonging to the Quartermaster's Department when not enlisted men of the Army.—(Public Health Report.)

"APPLIED ETHICS IN JOURNALISM"

Under the above title, Theodore Roosevelt in the Outlook for April 15 makes some interesting comments regarding the "patent medicine" evil in its relation to the newspapers. After touching briefly on the fraud and cruelty connected with fake financial advertising, Mr. Roosevelt says:

The patent medicine advertising represents as great an evil . . . We hear much of the influence exercised by great corporations on the press, and unquestionably this influence has been and is very serious. Yet it can not be greater than

the evil influence exercised by the backers of objectionable medical and financial advertisements when they spend between thirty and forty millions a year in the daily newspaper press.

After thus speaking of the matter in the abstract, Mr. Roosevelt, as is his wont. comes down to the concrete by calling attention to some of the reasons why this form of fraud on the part of the newspapers is not more often fought. New York Hearld until 1907 carried without let or hindrance in what was called the "Personal Columns," but which should have been designated "Abortionist Columns," advertisements that were both crimminal and obscene. In that however, the Medical Society of the County of New York found a United States district attorney with sufficient courage to attack this cesspool of filth with the result that a verdict was secured against the proprietor of the Herald and he was forced to pay a fine of \$25,000. Of the attitude taken by other newspapers garding this case, Mr. Roosevelt says:

"In this case, by the way, many of the newspapers which are ordinarily of reasonable virtue so hid the facts as to prevent any effective understanding by the public of the real reason for the animosity very naturally shown by Mr. Bennett (proprietor of the Herald) through his papers ever since toward all public officials who were in any way connected with bringing him to justice for his crime.

It is also worth while to call attention at this time, to the fact that the Herald, ever since the "Personal Column" episode, has done its best to vilify and blackguard prietor resentsdESp'- d l etaoin shrdn the medical profession, this presumably, because its proprietor resents not only the loss of actual cash for payment of the

fine, but also the still greater loss of revenue from the abortion advertisers whose "copy" became unacceptable in the eyes of the United States post-office authorities. The Herald was one of the first, if indeed it was not the first, of the New York papers to espouse the cause of the "patent medicine" interests' latest organization for fighting the American Medical Association—the National League for Medical Freedom.

Our ex-president also calls attention to the appalling number of "patent medicine" and quack advertisements that appear in the New York World and in the "World Almanac" for 1911 and then says:

A particularly objectionable feature of these medical advertisements, exactly as with the financial advertisements, is that it is the poorest class, the most helpless class, of people that are the most hurt by them. I believe that legislation could be framed to forbid such advertisements. In default of such legislation there is at least need that we should discriminate in the sharpest way between newspapers which war against this evil and newspapers which encourage it.

On the other hand, Mr. Roosevelt has expressed the greatest admiration for publications, such as Collier's, which have rendered the public a great service by exposing the viciousness and fraudulence of quackery and the "patent medicine" business. His excellent editorial closes as follows:

We owe hearty respect to the public servant who, like ex-District Attorney Stimson, fearlessly does his duty in bringing to justice a great newspaper that goes wrong, although he knows that his action will be of harm to himself personally; and we are bound to pay a tribute of deserved respect to a paper like Collier's when,

in a matter so vital to the public well-being, it wages so fearless, aggressive and efficient a fight for honesty and decency. -Jour. Am. Med. Assn.

THE CARROLL RELIEF FUND.

The Carroll relief committee of American Medical Association, of which Major M. W. Ireland of the Medical Corps of the Army was chairman has made its final report and has been discharged.

The Carroll committee has paid mortgage on the Carroll property and had the property transferred to a trustee. The great benefit of Carroll's work mankind is being recognized at a time when the profession can at least help the family and when an opportunity is given to a public to respond to the call for assistance much needed and much deserved.

FROM A DIFFERENT VIEW-POINT.

In the April Journal appeared an editorial captioned, "Fight the Devil with Fire." It is not the purpose of the writer to openly oppose the article, but several thoughts have appeared to me that are not in entire accord with the article.

It is a matter of great consolation that our profession is above commercial advertising, and in this position it should remain. It is very true that the unit of our profession is the human individual: that humanity implies and embraces many faults and weaknesses, but contrariwise, it carries with it a broader and more highly volved mentality. There are therefore, graduates and practitioners of medicine who are commercial in tendency, and still others who are outright charlatans, and then the extremes who fill the Sunday papers with their advertisements. Happily, the further down this scale we go the smaller the minority. While they do appeal to thousands of deluded and poorly informed, on the other hand there are other thousands who are not attracted. Strange to say too, those who are attracted to these advertisements do not become constant patients of the quacks, but must sooner or later know they have been duped and drift back to the regular physician.

Were the men who are practicing medicine, and of the higher mental attainments to attempt to advertise their work, what effect would it have upon the public; the press; and the general tone of the profession? The public would not have time to read all the advertisements, particularly if the different communities had as many doctors as Las Cruces, and they would have less respect for the profession than they have at the present time. The mere fact that the medical man places his ad in a paper immediately stamps him as a quack before the eyes of the world, and as such he cannot command the respect of the people. Then can we afford to line up with the advertisers or fight them in their own game? To the press it would be a bonanza, as these ads pay well, but it would greatly prostitute the paper or papers who would handle or cater to them. To the profession it would open the ranks to a practice which would add further problems to be solved, and in this way add chaos where it should not be, and time used in its ordering could better be used for other needed purposes. In a very few years the ranks would gladly revert back to old customs and to the sphere of sedate sobriety.

It is the opinion of the writer, that the higher educational requirements, and the higher technical training of our students will greatly reduce this tendency of commercial advertising in the medical world. There will always be quacks in the medical as in all other professions, but lets keep the medical profession aloof and her ranks as true and loyal as was the precept of father Hypocrates.

Ethics is merely the evolution of professional courtesy as formulated by our antecedents. It is the rules for conduct one to the other, and in a measure treated almost as sacredly as if it were law -at any rate it should be so observed. To put it aside would in a measure resort to anarchistic practices in our ranks. It is true that the theory of ethics is one thing, and its practice another. That is practice and interpretation depends upon the character of the individual interpreting it, but I am always in favor of an effort at advancement, and am opposed to any measure that will retard or stop any tendency or effort towards bettering conditions or things. As the code stands it is an "even break" for every man practicing it. It holds in check certain of those who cannot know the more refined methods of publicity and advertising. It is not a hardship on those who have no desire to do so, and just to this degree it keeps the trend purer and cleaner, and is a benefit to both.

In the ultimate analysis of things, it is the survival of the fittest that wins our against the quacks. Emerson has truly said, "if a man build a better mouse-trap, or preach a better sermon than his neighbor, even though he build his house in the woods, the world will find him out, and wear a beaten path to his door." To contend otherwise would be to argue against any and all forms of evolution, whether mental or material.

The greatest and most potent form of advertising is the relieved or cured patient. It is an almost impossible thing to prevent their commendation when the time presents, to some suffering friend. herein is found the weapon of defense against the charlatan advertiser, and likewise a medium of advertising which cannot in any way in the world be objected to. In or through it suffering humanity is actually relieved; the art of medicine is advanced step by step to a higher position than it now holds: the profession is elevated from the position of commercialism to the position which she should and rightly deserves,-paramount to all other T. C. S. professions.



ORIGINAL ARTICLES

VERTIGO AND SOME OF ITS CAUSES.

Read before the Eddy County Medical Society, December 15th, 1910, by F. M. Smith, M. D.

Vertigo and dizziness are states of incoordination, resulting from over stimulation or unbalanced stimulation of the peripheral organ of equilibration, its central tracts, the muscular and circulatory systems, the visceral and tactile senses and the eye. It is a subjective sensation of the body in space. A symptom of many different morbid conditions and one frequently of such marked and distressing character that it calls for special consideration.

The most frequent causes of vertigo are ear disease and neurasthenia. It is met with as a result of disease of the external, middle and internal ear. It occurs from errors of refraction and unbalanced ocular muscularity and it results from nasal and laryngeal disease. It is frequently met with from toxic causes, either poisons introduced from without or autointoxication. It is often a symptom of the primary action of the poisons of acute infectious disease. The so-called gastric vertigo is, at least in many instances, more properly referred to a toxic than a reflex origin.

Vertigo is a symptom frequently met

with in cardio-vascular degeneration, especially in aortic regurgitation and general arterio-sclerosis.

It is caused by organic diseases of the brain, especially by tumors and sclerosis. It is a prominent symptom in many functional troubles of the central nervous system, as in epilepsy, neurasthenia and hysteria. Vertigo is the chief symptom of that rare and obscure state known as paralyzing vertigo.

Vertigo may be constant or paroxysmal. It may be mainly or entirely subjective or objective. It may be a slight transient feeling, or it may be so sudden as to fell the patient. There is more or less mental confusion in sudden and severe vertigo. Nausea and vomiting are usual accompaniments of severe vertigious attacks.

Aural Vertigo Including Meniere's Disease.

This may be brought about by irritation of any part of the external, middle or internal ear.

Vertigo from disease of the external and middle ear is a more common affection than is supposed. It may be due to a foreign body in the ear, to the presence of wax, simple or purulent catarrh of the middle ear or closure of the eustachian tube.

Meniere's disease is characterized by recurring attacks of vertigo, there being rarely any continuous sensation of disturbance of equilibrium between attacks. These may vary much in frequency in the same and different cases. Often they come on in series as in epilepsy, two or more attacks in 24 hours being followed by interval of freedom lasting one or several weeks.

Usually the patient is compelled to lie down, but sometimes they fall as suddenly as an epileptic. In those severe attacks there may be a momentary loss of consciousness. The sense of giddiness is usually intense, compelling the patient to lie quiet, with his eyes shut. Tinnitus is usually a permanent complaint in patients the subject of Meniere's disease. tinnitus may consist of hissing, buzzing, roaring or throbbing noises, more rarely sudden and loud reports like pistol shots. The deafness is usually progressive but incomplete, affecting one or both ears. If the vertigo has a positive unilateral cause, the subjective motion is to the side of the affected vestibular apparatus. The patient, in his attempt to correct his sense of loss of equilibrium and stem the tide of objects which appear to move toward him from the side of the affected ear, falls on the affected side.

If the vertigo has a negative unilateral cause due to paralysis of one of the peripheral organs of equilibration, the subjective motion is toward the individual from the side of the healthy ear. The patient by excessive attempts to retain equilibrium throws himself away from the affected ear and falls on the healthy side. If a patient with a history of over strain, or

congenital deficiency in nerve force, complains of constant weariness, feelings of pressure in the head and other characteristic symptoms, with vertigo of brief duration and moderate severity, but of frequent occurrence, the vertigo is due to neurasthenia. If in addition the urine is highly colored, strangely acid and with a high specific gravity (1.028) to (1.032) the cause of the vertigo is neurasthenia plus lithema. However, the latter alone may cause it.

Ocular vertigo rarely presents anything like the same intensity or persistency as does auditory vertigo. It is due to false projection of the field of vision or to dip-

Ocular Vertigo.

lopia in ocular paralysis. It may be combined with squint or double vision, or appear as the only symptom. When both eyes are open the vertigo is dependent on the diplopia. If the unaffected eye is closed, it depends upon an erroneous localization of objects in the field of vision.

Vertigo may arise from nystagmus as the result of the contradictory impressions from the oscilatory movements of the eveballs.

Nasal and Laryngeal Vertigo.

Vertigo may result from the swelling of the mucous membrane of the nose, and it disappears when the cause is removed. However, it is a rare condition and is due to inco-ordination in the respiratory centers, and implicating the nerves of the larynx producing a contraction of the muscles closing the glottis. This is more often found among men of neurotic disposition

Toxic Vertigo.

The vertiginous attacks following the use of alcohol, tobacco, toxic agents and infectious diseases are too well known to require description, but vertigo from the

absorption of products of decomposition in the gastro-intestinal tract is next to auditory vertigo, the most frequent form of this symptom. Some people when they take anything that "disagrees" with them, become giddy. No doubt, vertigo may be induced reflexly from gastro-intestinal irritation, but in practice it will be found that the great majority of cases arising from intestinal causes are toxic and not reflex.

We may have vertigo from uraemic poisoning. Irritation of the intestinal mucous membrane by worms may be the exciting cause of troublesome vertigo, acute indigestion. hyperacidity of the stomach and chronic gastritis.

Cardio-Vascular Vertigo.

The vertigo from cardio-vascular disease is an important and common variety. It is met mostly in advanced life, and is dependent on the intermittent blood supply to the cerebrum brought about by sclerosis of the cerebral arteries or from the defective force of the heart from valuar insufficiency, or myocardial degeneration.

Both the cardiac and arterial changes are found together, going hand in hand. the cardio-vascular vertigo may be either a paryoxysmal or continuous symptom. It is often constant in old people with rigid vessels. The correct diagnosis of such cases is a matter of importance. They may be mistaken for the premonitory symptoms of an apoplectic attack, or they may actually be such premonitory symptoms. Sudden paroxysms of vertigo coming on late in life are of more serious import than

slight vertiginous feelings of an abiding character. The former may be the wedge of complete arterial blocking, or rupture. It is important to differentiate cardio-vascular from the auditory vertigo in order to save the patient needless alarm. The former is a symptom of much more grave import than the latter.

Vertigo Due to Diseases of Central Nervous System.

Vertigo from disease of the central nervous system is of less importance than the forms already mentioned. It may be met with in tumors in any part of the brain, and it is said that these growths usually produce marked giddiness.

Vertigo from functional nervous disease in certain functional disturbances of the nervous system is a frequent symptom. In epilepsy it may form the aura or it may be the equivalent of the entire paroxysm. It often becomes a nice point in diagnosis to decide on the significance of a momentary attack of vertigo, as to whether it is an attack of petit-mal or of simple vertigo. In hysteria, exopthalmic-goitre, migrane and chorea, vertigo may be a symptom.

Mechanical Vertigo.

This type of vertigo induced by movements is not of much medical importance. They are sea-sickness, train-sickness, elevator-sickness, swing-sickness, etc.

Paralyising or Gerlier's Disease.

This is a rare type of trouble and is said to be characterized by vertigo paresis of the extremities, ptosis and mental depression, and is said to be endemic in certain parts of Switzerland.

Treatment of Ileo-Colitis

M

Read by Dr. C. M. Mayes, before the Pecos Valley Medical Association at

Roswell, N. M., April 25, 1911.

I fear that it may appear from this paper that I am a therapeutic Nihilist. That for the most part I present to you a compilation of "don'ts," but as this disease presents clinically no difference, one case from another, it would appear that when a given case, one therapeutic measure fails it must of necessity be practically useless. In other words, though a patient may ultimately recover during the use of a drug, it does not necessarily mean that we have found a remedy, but that recovery ensued in spite of the remedy.

As an example: The long used and much vaunted bismuth treatment, in my hands has not only proven useless, but in many instances harmful, by reason of dependence upon the drug to the exclusion of other measures that perhaps may have proven of great aid.

We are taught that this drug to be of much service should be given in extremely large doses, and I am sure we have all seen large quantities of practically pure bismuth in the stools, which undoubtedly if any effect was had it must of necessity been that of an irritant. Then too, while opium may allay pain, tenesmus, restlessness and reduce the number of stools, it has no curative action so far as the causative factor of the disease is concerned, but on the other hand lowers vitality, checks normal secretory action and masks very important symptoms.

Having nothing new to offer, no specific

remedy for the disease, I can only hope to arouse an interest in some technique, an analysis of some supposed remedies, and a thorough discussion along lines for the relief of our little suffers.

Admittedly the treatment of ileo-colitis should be prophylactic, hygienic, mechanical and therapeutic. As regards prophylaxis, any intestinal derangement especially during the first and second summers of childhood should demand immediate attention.

Upon the approach of even trivial symptoms, the mother should be instructed to clear the alimentary canal by a mild laxative, preferably easter oil.

This should and most often will arrest the process before any grave anatomical changes occur.

HYGIENE: Here I want to emphasize a measure for which I have been severely criticized. That is a change of air. There can only be two objections to this measure. One deplorable and the other doubly so. The parents of many of these little sufferers are financially unable to avail themselves of a sojourn to the mountains or seashore. This is deplorable. The other objection is that we lose the fees we would otherwise gain. This is damnable, for he who takes chances with human life for gain is not worthy of the name "physician." This change of location is especially desirable as soon as the acute inflamatory symptoms have subsided.

Holt says (and I can hear testimony to the truthfullness of the assertion) "that in protracted cases which drag on a subacute course, this change will often do more than everything else." If possible this change should continue well into the tall when the weather is decidedly cool, as a return during the heated season is usually followed by a return of the disease, or a relapse.

The clothing should be light and loose. Plenty of fresh pure air night and day. The skin should be kept free and active by frequent tepid baths and gentle massage. The diet in protracted cases presents a serious problem. In the initial stages all diet may be witheld for twenty-four hours, most especially milk.

Later on, nutrition becomes a necessity and presents great difficulties as the patient has little or no appetite, and often refuses everything in the shape of food. I can only offer a partial list of foods that may be tried. Peptonized skimmed milk, whey, rice-water, barley-water, beef juice or broths, liquid beef peptonoids, butter-milk.

Nothing should be given that will leave much residue. A careful record should be kept of the time and amount of food ingested and if much below that required for nutrition, gavage should be resorted to, but on account of the very irritable condition of the rectal mucosa this process is usually very unsatisfactory. Some nutriment should be administered every two to four hours as the condition of the patient requires. For a variable period after an acute attack the intestines are very easily deranged, and great care should be exercised in feeding, temperature and muscular effort. Medicinal treatment as well as the other measures is very unsatisfactory, and of the many remedies offeral we have as yet no specific. I may say that in my opinion a great many of the therapentic agents in common use in the treatment of Ileo-colitis are not only useless but absolutely harmful.

What I have said in the foregoing in regard to opium and bismuth I realize is contrary to anthority and long usage, but so long as we follow blindly in the paths of our predecessors with child-like confidence, just so long may we mourn a lack of success in the labor of the conservation of health and life. From the pathological conditions present so far as we are acquainted with them, it is obvious that astringent preparations either by mouth or rectum are of questionable value and I may say, many are harmful.

Injections of nitrate of silver or any other drug the least irritating can but do damage to the already irritated, tender, inflamed mucous membrane. From this negative proposition where shall we turn? My experience has created within me a marked degree of pessimism along therapeutic lines. However, there can be no question, I think, of the common sense and utility of an early and sufficient dose of castor oil.

It clears the canal of offending material, and soothes to some extent the intestinal irritability. I think too that the regular administration of small doses of castor oil three or four times a day throughout the course of the disease is valuable.

Mucillaginous drinks can be but harmless and may possibly be of real value both to combat thirst and as a gastro-intestinal sedative.

Within the last few years the administration of lactic acid baccilli has been more or less extensively used in the treatment of ileo-colitis.

My experience with this measure has been too limited to allow me to speak authoritatively but where I have used it, it has seemed to be of far greater value than any drug used. It is advised to use a strain of bacallus of proven effect. The Pactone tablets make an admirable buttermilk for feeding but are not advisable when as many of the living bacilli as possible are necessary for therapeutic use. It is a question as to whether or not pasteurization of the milk previous to an inoculation with the bacillus is best, though the weight of the testimony seems to lead to the belief that there probably exists some principle in the milk that is beneficial, that pasteurization destroys.

The method of preparing the milk is as follows: The cream is removed from the milk as far as possible, and the skimmed milk is inoculated with the lactic acid culture.

The inoculated milk is then set aside in a warm place until enough acidity develops to sour it, or produce a fine curd, when it is placed upon ice and kept for use. Some of the milk is saved each day to be used as a culture for the following day's supply.

On account of the loss of appetite or an aversion to buttermilk we sometimes meet with difficulties in getting the patient to partake of the remedy sufficient for nutrition but by tact and persistance usually this aversion is readily overcome, and symptoms begin to subside, and the stools lose their frequency and other characteristics. The limited time at my disposal prevents me from going further into the subject of lactic acid bacillus, administration but I am sure it demands a trial at the hands of every one of us, and I would refer you to a very able article by Dr. Dunn of the Harvard Medical School published in the Journal of the A. M. A. of Aug. 21, 1909.

Now as to the mechanical measures, or in other words, flushing the colon. I know that much has been said pro and con upon this subject.

I have suffered much criticism in the past on account of the stand I have taken against the colon tube, even so far as to question my dexterity, but recently I have been justified by many men in the higher stratum of medical knowledge and experience.

It does not take a close observer to note that in nearly, if not quite all cases of this disease, there exist more or less The rectal mucosa is hypersensitive. These little fellows spend much time in straining to void a little mucous. This being the case it should not take experience to show us that a colon tube or even a small catheter would be an insult to the very sensitive and painful gut. I grant you when on account of greater strength and brutal force, when we have our defenseless little patient thoroughly exhausted they do submit to the indignity of the tube which may pass into the colon. I say "may" advisedly for some investigators have denied the feasibility of the procedure and backed the denial up by skiagraphs which invariably showed the tube doubled upon itself within the rectum. but be this as it may why use it, granting it may be successfully passed into the colon? The tube of itself can do no good. A rectal tube of from three to five inches in length will carry all the fluid that will a colon tube and surely do less harm. We can thoroughly fill the colon through this short tube and with a little tact and patience leave quite a quantity of fluid, and have it retained. This water for flushing should be preferably the normal saline and

tepid. though if the condition be severe and the temperature unduly high, I see no reason to forbid using water quite cool and the flushing continued until the body temperature begins to subside.

If the stools be very frequent (and often they occur every ten to twenty minutes) the body fluids soon become exhausted to a marked degree, and something must be done to supply the loss.

The absorption of fluids by the lower bowel is in abeyance and in many instances the great nausea prevents ingestion of sufficient fluid.

It is here that we have a true friend in hypodermoclysis. This method of supplying a deficiency of body fluids is both rational and satisfactory. While not curative so far as the disease per se is concerned, it undoubtedly preserves vitality, and gives us time for other measures, from which death would otherwise rob us. From four to twelve ounces or even more may be injected daily without serious pain or distress and often brings about the most happy results. The physiological saline solution should be made from sterile water previously distilled. The salt should be used which comes ready for use, kept aseptic in sealed tubes. The apparatus for hypodermoelysis costs but little and should be in the hands of every physician.

Finally, gentlemen, I want to offer a plea on behalf of these little sufferers—do not be content to prescribe in the trodden paths of our forefathers but let us get busy and materially lengthen the average lineal measurement of the mounds placed to our credit in the silent city.

The Diagnosis of Early Tuberculosis

L. A. Dickman, Clovis, N. M.

Read before the 29th Annual Meeting of the New Mexico Medical Association, Albuquerque, N. M. Sept. 29th, Oct. 1st, 1910.

It is with considerable hesitancy that I offer a paper upon this subject to the society, knowing that I can present nothing new to the profession, and that all I shall offer could as well or better be gotten out of any of the text books. I believe that this is a subject that is covered at nearly every society meeting in the state. However, like the poor, the

fests itself after one of the infectious diseases or after some severe tax upon the patient's strength, as pregnancy, while it should be a warning to us, often blinds us to the true condition.

A patient recovers slowly from a pneumonia and we consider it a delayed resolution without taking into consideration the fact that many cases of delayed reso-

tubercular are always with us, and the fact that a life is usually the price of a diagnosis delayed until the disease manifests itself by symptoms which can be interpreted by a novice, causes me to write this paper as a plea for more careful attention to cases of suspicious illness, and by illness should not be meant cases which have an appearance of severity.

In this paper I shall consider only chronic ulcerative tuberculosis, and shall not attempt to consider the diagnosis of the disease in the late stages, confining myself as much as possible to early signs and symptoms.

That early signs of T. B. are not well understood by the profession I cannot believe, yet it is the experience of most physicians who have much to do with tuberculosis that they occasionally meet with it in quite an advanced stage of the disease in which a diagnosis has not been properly made even though under the care of a physician for a considerable period. The fact that tuberculosis so often manilution are tubercular, or after child-birth when the patient fails to gather strength as we normally expect, the trouble is considered due to an endometritis or some of the complications of child-bed. In such kept in mind and the physician must carefully examine for lung involvment. Consumption involves all classes. One is never safe in considering either occupation or environment as a negation of infection while on the other hand occupation and environment are of considerable value from a positive view. In other words I that favorable circumstances should be ignored as to its bearing upon the condition present, while unhealthy occupation or methods of life or association

of the patient with tubercular cases would point toward that condition.

Heredity cannot be ignored, not that I would have any one believe in the direct transmission of the disease from parent to child in prenatal life, but I believe that there is a certain predisposition of some to this disease and I also believe that it occars in family groups. We repeatedly see a family of the so-called phthisical habit in which there is no trouble for years. At last a case develops and within a few years descimates the family. While in other cases of a sturdier brand a case will run its course, being equally careless with the first class and vet be followed by the infection of no others. In many instances patients are loth to admit that their trouble can be tubercular and I believe that this optimistic tendency is shared by the physician. Often we hesitate to make a diagnosis I believe through a senseless hope that it is not. Another cause of error I believe to be a too firm reliance upon some one method of diagnosis as for instance the microscopic examination of the sputum. We tend to consider that as all cases are due to infection by the bacillus of Koch that of necessity these will be found in the sputum. this is not so. Many patients manifest plain symtoms of the disease for months before the germs appear in the sputum. Like typhoid, tuberculosis is not only to be diagnosed in an early stage by a careful correlation of all symptoms and the gathering of these symptoms may require considerable time and attention.

Our patients should be trained to the belief that a diagnosis can not usually be made in an hour in the office but we must impress upon them the fact that it takes time to arrive at a full understanding of the disease.

In arriving at a correct diagnosis, we must consider, family history and environment, previous history, clinical history and symptoms, physical examination, labratory methods and specific tests.

In consideration of the family history we have considerable of importance, though tothing on which a diagnosis can be made or disproved.

We should inquire into the history of all relatives both near and also as to cousms and relatives not directly associated with the patient. In some cases we will find that there have been a considerable number of cases in related families when not associated in the same family or environment and this would have an eniluence upon our opinion as to the soil condition of the patient. Also in case where there is a strong family resemblance in which there have been several cases of uberculosis I doubt not that many of the family who have the family stamp, even though not infected have a slighter resistance to the tubercular germ than normal. Also I believe that a germ which has developed in one member of a family might have a greater virulence for another member of the same family than for one not related. I believe that in a family where a brother and husband or a sister and wife are exposed to contagion that it could be shown that it is more often the blood relative that becomes inrected. I have no authority for such a statement but my personal observation leads me to this belief.

As to environment and habits there is much to be said, but I shall not attempt to go into it in detail. We inquire as to association with cases of tuberculosis and the sanitary habits of such; as to occupation and diet, both quality and quanity, and eating habits, remembering that while

bad diet predisposes to tuberculosis, that even more so it leads to indigestion and stomach and bowel conditions which may stimulate an early case of tuberculosis.

As to previous illness of the patient, any severe and prolonged illness reduces the resisting power but there are certain diseases which predispose to tuberculosis to a marked degree. Of these one must consider, typhoid, pneumonia, bronchitis. measles, la grippe, as well as child-bearing. And also certain diseases which are often in themselves tubercular, as chronic tonsillitis, glandular enlargements and pleurisy. Pleurisy in particular is of great importance and I believe that a large majority are tubercular. I seldom find a patient, who suffered with it, who will not give a reaction to a Moro or Von Pirquet test. In many cases the infection gains entrance to the system through the tonsils and a history of chronic tonsillitis is important.

A very large number of patients trace their illness to an attack of la grippe and I have no doubt that it is a predisposing factor in many cases, but I believe that many of these cases are simply an acutely beginning tuberculosis.

The clinical symptoms are most important for while the study of the soil conditions and the predisposing factors have value still the actual diagnosis in its final analysis depends upon the symptoms present, combined with a careful physical examination and the result of microscopic tests and the use of tuberculin.

In taking up the average case of early tuberculosis as we see them the following symptoms are usually complained of: Cough, which may be so slight that patient will deny its presence, or it may be the principal trouble complained of. Expectoration is usually not free in an early

stage unless there is considerable bron-There is nothing chitis also present. characteristic to the appearance of the sputum of an early case, the nummular sputum of the late case not being present. Pulse is more frequent than normal, running from 85 deg. to 110 deg. when at rest and being increased markedly by slight exertion. It is usually soft and regular and of good volume. This soft, regular, full and rapid pulse is of considerable importance. Dyspnea may be slight or absent when at rest but in even the earliest cases very slight exertion increases it. The temperature is most important. the early stages there is usually a slight afternoon rise reaching the maximum at 5 to 6 p. m., while in the early morning before the patient is out of bed it is usnally subnormal. There is no other condition that I know of in which for my length of time we have this condition, i. e., a subnormal morning and elevated afternoon temperature.

The temperature is easily increased by exertion and many cases with a subnormal temperature before rising will be found to have it normal or slightly elevated in an hour after rising.

Suspected patients should have a two hourly chart of temperature and pulse taken for a week or so and a chart showing the temperature as described combined with a rapid pulse will almost surely be tubercular. The early morning subnormal is not as regular in its presence as in the late stage but still is very common. Emaciation is present to a greater or less degree and loss of strength is complained of though these may not be marked.

A hemorrhage may occur in the early stages though it is not usual. When present is is usually of slight amount. Laryngeal symptoms may be present early.

Sweating is present in a large per cent of early cases and is very distressing. It usually comes on during the night or it may be present when the patient is resting after exercise. It is very markedly diminished by strict confinement to bed for a few days.

A more or less chronic gastitis is often present in an early stage, and should put us on our guard. I have seen patients in whom cough and expectoration were very slight, treated to an advanced stage under a diagnosis of gastritis.

Anaemia is usually present to some extent but there is no characteristic condition of the blood.

In women menstruation may be suppressed early or may continue till late in the disease.

A suppressed menstruation without obvious cause is of great importance, and in a considerable percentage the patient will be found to be tubercular. In making the examination of the chest it should be unnecessary to insist on complete baring of the chest, but for the fact that I believe that it is not always done. Any case with symptoms suspicious enough to call for an examination at all should have a thorough one and even the thinnest of underwear may give one some modification of sound. Also inspection is interfered with. While a large per cent of cases will have the typical phthisical chest still it must be remembered that tuberculosis may be present in an early stage and vet on a casual examination appear normal.

In most cases the thorax appears long and narrow, or flattened in an antero-posterior direction with ribs more nearly vertical than normal and wide apart and prominent, the scapulae are winged and the sternum may be depressed causing the socalled funnel breast. I inspect the clavicular region as to depressions above or below and as to any inequality in this respect. I inspect during a held inspiration and during normal respiration. Defective expansion of one apex occurs early and is most important.

A unilateral change is of much more importance than a bilateral. The defective lung will not only not fill as full as the normal but will come to rest sooner in most cases. The expansion of the tubercular chest is usually slight, being in many cases one inch or less.

The palpation of the tubercular chest is most important. The expansion should be carefully estimated with the fingers in the supra clavicular, supra scapular, infra clavicular and then the lateral regions of the chest carefully noting all differences between the two sides.

The tactile fremitus will be more marked on the affected side than normal, but we must remember that it is more noticeable over the right than the left side in health, but only slightly. A pleural effusion may obliterate it over the surrounding parts obliterate it over the exudate and may also increase it over the surrounding parts due to pressure consolidation.

On auscultation, the breath sounds will usually be feeble, but may be harsh, and the expiratory murmur is prolonged from as normal about one third as long as the inspiratory, to nearly or fully as long. So that the inspiratory follows immediately upon the close of expiratory. On deep breathing cogwheel respiration may be present, though seldom early. When much consolidation is present the sounds become louder and harsher and bronchial breathing is present.

The vocal resonance is markedly increased. Rales are usually present but not always continuously, so that they may be

missed at a first examination. In an early stage they are very fine and crackling, becoming later more moist and bubbling or clicking in character.

Pleuritic friction over one apex is almost positive evidence of infection. A pleuro-cardial friction may be present in cases where the lapet of lung over the heart is involved.

While the percussion of the chest in the later stage is of great value, in the early stages it yields us very little information as the change is too minute to be detected by any but the most expert. The percussion note is dulled over the affected side but we must remember that in health the right is higher pitched and less resonant than the left.

The examination of the sputum for bacilli should be carried out in all cases and if necessary repeated at intervals as long as the diagnosis remains in doubt. The germ will not be uniformally found present in the sputum early. If found the diagnosis can be no longer in doubt but in some cases the clinical symptoms and physical signs are unmistakable but the bacilli are absent, under such circumstances we most often make a diagnosis of tuberculosis even in the face of a negative report.

During the last few years the use of tuberculin as a diagonostic agent has received a great deal of attention. While the rejection of tuberculin in the past no doubt in some cases was followed by symptoms disagreeable or dangerous to the patient the methods of Von Pirquet and Moro are always harmless and that of Chalmette is harmless except for cases with pre-existing ocular disease. They are of equal value with the injection of tuberculin. While a reaction will prove tuberculosis, we still have to decide as to

whether it is a cured, latent, or active process. So that to use an Irishism it is positive only from a negative standpoint.

No reaction, no tuberculosis: Reaction, cured; latent or active tuberculosis,

In children the probability of being an active process is much greater than in adults.

The X-ray is of considerable value where there is any amount of consolidation. In an extremely early case the change in the shadow is hardly perceptible.

The use of the opsonic index in diagnosis is from a practical standpoint of little value to the ordinary practitioner on account of the difficulty of an accurate test.

But to those who are able to avail themselves of it, it is said to offer much of value. I cannot speak with any authority but my understanding is that a person with an active process will show a low index, one who is uninfected or with a cured process a normal one.

In conclusion I wish to urge a more careful study of early cases, and to not rest with a diagnosis of weak lungs, bronchitis or any other disease until we are absolutely sure that we have made a complete diagnosis, and having made it to our own satisfaction. As the first step to the cure inform the patient thoroughly as to the condition present.

WHAT THE TERRITORIAL, COUNTY SOCIETIES AND HEALTH OFFICERS OF THE TERRITORY MAY DO TO PREVE NT THE SPREAD OF TUBERCULOSIS

S. L. Burton, M. D. A

Read before the 29th Annual Meeting of t querque. N. M., Septem

This and the adjoining Territory has for several years been the dumping ground for persons affected with tuberculosis from every state in the union. That being the case, it is our duty as physicians to build fences to protect our families, our neighbors and the general public.

The native people, both Spanish and Indian, are very susceptible to this disease—even in this land of sunshine. I believe I can safely say that fifty of our native people of Bernalillo County have died during the past twelve months of pulmonary tuberculosis and I am very certain any physician who has practiced, his profession in this Territory for any length of time can report more or less cases of tu-

lbuquerque, N. M.

he New Mexico Medical Society, Albuber 29th, Oct. 1st. 1910.

berculosis contracted in this climate by healthy Americans.

The first step toward the prevention of tuberculosis should be taken by the Territorial Medical Society, by forming a set of rules and regulations to be adopted by every County Society in the Territory and the County Society secure the adoption by the County Board of Health in each county, thereby making a uniform regulation over the entire Territory. In order to get a set of rules and regulations before this body. I will recommend the rules and regulations in use by the city of Albuquerque—that being similar to the one which has been successfully used in the city of Colorado Springs. A copy of this

can be had on application to the secretary of this meeting.

The health officers of each county should require a certificate of death and issue a burial permit. This requirement would locate many hot beds of tuberculosis and other contagious and infectious diseases.

It is very important that all houses, rooms, bedding and furniture, occupied by a tubercular person, whether vacated by death or in any other way, should be thoroughly cleansed and disinfected before it is used by any other person or persons-vet all over our Territory very sick people are moving from one house or room to another without any disinfection whatever and frequently the next day the real estate agent rents the rooms to some family with perfect health, assuring his client that no one sick has ever occupied the rooms-or in many instances, the bedding and furniture are sold to our working people. Are we conscientious physiciaus to allow such thiugs to go on unnoticed by the profession and our Territorial Medical Association.

Again, our theatres, libraries, churches and other public buildings are occupied daily by persons afflicted with tuberculosis and are never disinfected. Such buildings should be fumigated at regular intervals. In these same buildings are usually found dry and unsanitary cuspidors, furnishing a splendid medium for the spread of tubercular germs. These cuspidors should be kept clean and filled with water.

The Federal and Territorial Governments are spending thousands of dollars to prevent the spread of disease in our livestock and strict quarantine of scarlet fever, diptheria, small-pox, yellow fever and other contagious and infectious dis-

cases has been effectively executed but tuberculosis, a disease which causes more deaths than all other contagious and infectious diseases combined, is left almost unnoticed by our Federal and Territorial Governments. Both of these governments should have sanitariums in this Territory to take care of the consumptive poor, who are coming here almost daily from every State of the Union, without money or friends and fully two thirds of the others are not financially able to obtain the necessary care, food and rest without work for a sufficient length of time to secure the arrest of the disease.

I believe if we ever successfully control the spread of tuberculosis that the time will come when all hopeless cases, who are not sanitary in habit, will be quarantined or oislated in private or public sanitariums.

The next important step is to reduce to a minimum the chances of our school children contracting tuberculosis in the public schools. It has been thoroughly demonstrated by post mortem and otherwise that a large per cent of our school children are infected with this disease. No child who is tubercular should be allowed to attend school for his own good as well as that, of the other children in school. I believe many pupils suffering from tuberculosis are attending our universities, Normals, Agricultural, Religious and Public schools in all our rail-road towns and cities. This, I think, opens a field for medical inspection of schools, especially in the cities. By medical inspection of schools, we would not only weed out the tubercular children, but those who have defective sight, and hearing, diseased mouth and teeth, adenoids, enlarged tonsils, skin diseases, chorea, contagious and infectious diseases of all kinds, the correction of which means much more to the child than education.

The first object in the school room should be to teach the child how to develop into a healthy man or woman with a trained mind. Such training can only be accomplished through the leadership of a trained physician, which plan would work wonders in developing our school children into a healthy and strong race that would not easily develop phthisis.

As it is hard to procure competent teachers for our public schools, a number of persons who have come to this Territory for their health have found it easy to secure employment in our schools-and yet we have a good Territorial Law that any citizen can enforce, requiring all teachers to file with the Superintendent of Schools a certificate of health. Our County Superintendent tells me he enforces this law, but I have good reason to believe we have teachers who are tubercular, teaching in our county schools who have certificates of health from some physician. That physician, in my opinion, has committed a serious crime. Is it any wonder that our native people are contracting consumption? We should see that our teachers post themselves on the subject of tuberculosis as well as hygiene and physiology.

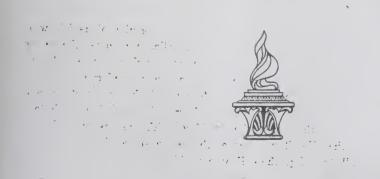
I should be pleased to have this society

adopt a booklet published by the New York City Board of Health, called a "Primer for Children," which explains to the child in a simple and impressive manner how to prevent the contraction of tuberculosisthis pamphlet to be adopted by our County Societies and Board of Health of each County-to be published by the County and distributed by the teachers in every school district in the Territory of New Mexico and still further I would suggest that our Territorial Superintendent of Schools require our teachers to set apart one hour at three different periods during the school year to quiz and discuss the contents of this pamphlet.

I am of the opinion if we could have the subject of tuberculosis taught in ali the public schools of this country the death rate from tuberculosis would be reduced more than half in a very few years

The teaching of the effects of alcohol on the system of the human body has done a great deal to eliminate the saloons from our country, the same will be true if we teach the children of our public schools the preventions, dangers and nature of the dread disease tuberculosis.

I believe agitation along the lines indicated will eventually arouse an interest in the public to the dangers of the great white plague.



Symptomatic Treatment in Tuberculosis

Charles Turner Sands, M. D.

While the work of controlling tuberculosis is being carried forward in the laboratory and legislative fall, by those who have been specially trained for that part of the work, it remains for the general practitioner—the enlisted man—to stay if he can the hand of the destroyer in the case of the individual; his powers are weak, his means pitifully limited, and the conditions he is called upon to meet infinite in the variety of their manifestations. Daily he is brought face to face with unforeseen contingencies, and hope deferred sickens his heart, undermines the faith that is in him and sets at naught his best efforts.

It does not fall within the scope of this paper to set forth the role played in the treatment of tuberculosis by climate, rest. hygiene, diet, etc., but simply to speak of the treatment of symptoms and complications which arise in almost every case and to emphasize the importance of prompt attention to the most apparently insignificant detail-for in the present state of our knowledge we are compelled to treat the patient as best we can and let the disease take care of itself. remedial measures suggested in the following paragraphs have all been employed by the writer with varying degrees of success, during his connection with one of the sanatoria located in the Territory, climatic conditions etc., all favoring the additional treatment employed.

The most constant and troublesome symptom with which we have to deal in treating cases of tuberculosis is fever. Practically all cases present this symptom complex at some period, and it is an important index to the progress the case is making.

In treating the fever absolute rest in hed is the first essential-very often this alone will be all that is necessary to bring; the temperature to the normal mark. It is a safe rule to follow, that all patients whose average daily maximum temperature is 100 deg. F or over should be put to bed, and those having an average daily maximum of 99 deg. to 100 deg. F should be made to lie down the greater part of the day. All those things which tend to excite the patient should be forbidden. such as card playing, conversation with visitors, etc. Careful attention should be given to the intestinal tract and any irregularities in that region corrected. Should the fever reach a point where it is in itself the source of marked discomfort or danger, 5 grains of aspirin will usually bring relief and lower the temperafure to a supportable degree. Some patients suffer some feeling of prostration after the fall of the temperature, and in these 1-30 gr. of strychnine sulphate may be combined with the aspirin. In some cases the temperature will rise to 105 deg. F or even higher in a few hours, in these sponging the body with tepid water and

placing an ice cap to the head will be required in addition to the aspirin. Cases which run a continuously high temperature should be kept in bed, sponged daily and given a full diet containing a relatively high percentage of carbohydrates. The use of calcium salts has been recommended as a means of lessening absorption of toxines by increasing the coagulability of the blood, but the present writer has failed to note any favorable effect upon the temperature through its use.

In obstinately febrile cases, in which the area of lesion does not seem sufficient in itself to account for the degree or duration of the febrility, tuberculin sometimes gives good results, but must be given with extreme caution. The initial dose should not exceed 0.00001 mg, of the Tuberculin B. F. and this amount should be gradually increased. The doses are administered at intervals of four days, the temperature chart being watched closely all the while. At the earliest sign of reaction upon the part of the patient after the dose has been administered, the same dose should be repeated at the next injection and kept at that point until the dose is no longer followed by signs of reaction. If the reaction has been at all severe the dose should be lowered to one half or even one tenth of the amount producing the symptoms of reaction. Tuberculin used properly in suitable cases is one of the most valuable means we have for treating tuberculosis, but unless given skilfully and in properly selected cases is capable of doing great and irreparable damage.

The role played by the so-called mixed infections in tuberculosis is a doubtful one; but notwithstanding this, good results are obtainable in many cases by the use of vaccines made from cultures ta-

ken from the sputum of the individual. The weekly administration of gradually increasing doses of the vaccine (or bacterin) is often followed by fall of temperature, amelioration of other symptoms and manifest improvement in the patient's general condition. The results depend largely upon the organisms present, the most favorable cases for the employment of the autogenous vaccines being those which present streptococci in the sputum. In this last mentioned class of cases the administration of the antistreptococcic serum did not however give good results.

Night sweats are really a part of the fever, that being under control they disappear. They usually occur only during the earlier weeks or months of the infection and unless severe and exhausting need no particular treatment. of remedial measures that have been introduced from time to time for their control is a discouragingly long one-every new method being in itself evidence that its predecessors have been weighed in the balance and found wanting. Of all atropine sulphate seems to be the most popular: but it is uncertain in its action and its use cannot be continued over a long period of time. The best measures seem to be those directed to the control of the fever and which secure the maximum of bodily comfort for the patient.

The treatment of the cough and the expectoration may be considered together.

The long continued use of cough syrups and mixtures is ruinous to the stomach and often productive of even worse results, as very many of them contain opium or some of its derivities and the tubercular patient is almost always a good subject for the acquirement of a drug habit.

For the dry, unproductive, tickling

cough which gives its unhappy possessor no rest. day or night, the following formula, which is of German origin, gives excellent results:

Rx

Olei caryophilli

Syrupi senega aa. c. c. 15. Ext. glycyrrhizae Gm. 11.6 Aquae q. s. ad. c. c. 177.4

Sig:

Teaspoonful t. i. d., 1 hr. p. c. and at night. Shake well.

Fractional doses of codeine may be combined with this formula; but it is better to avoid the use of opiates as far as possible; their chief service being in hemorrhage cases where cough and restlessness must be controlled at all hazards, and in the far advanced and hopeless cases where the comfort of the patient may be considered alone.

It often happens however that the patient becomes weakened through loss of sleep from coughing and relief is urgently required. In these cases heroin, gr. 1-12 given by mouth at bed time on three successive nights will have the desired effect; but its administration should be kept under the direct control of the physician.

The cough is often hard and continuous and the results almost negative—the secretions in the air passages are thick and sticky and the patient complains of a general sense of oppression and constriction about the chest. These symptoms will very often be greatly relieved by the administration of Guaiacol carbonate gr. 10 given two hours after each meal. The vast majority of patients take the carbonate of guaiacol very well—in a few instances where there is a slight gastro-intestinal disturbance after its use. Thiocol (guaiacol sulphonate of potass-

ium) in doses of 8 grains thrice daily may be substituted.

A quite marked decrease in cough and expectoration often follows the administration of the autogenous vaccines already alluded to, and in this seems to lie their chief usefulness.

In suitable cases tuberculin exerts a favorable influence upon the cough and expectoration in common with the other symptoms of the disease; but as tuberculin is a general rather than a symptomatic remedy, its discussion does not fall within the scope of the present paper.

Very often the cough is due to pathological conditions of the larynx and upper air passages—should this prove to be the case appropriate treatment directed to these conditions should be instituted.

The usual topical applications of formaldehyde solutions to ulcerated and infiltrated areas within the larynx has become so universally used in the treatment of laryngeal tuberculosis that mention of it need only be made here, coupled with the statement that the results obtained justify the weeks and months of treatment required by this means to bring about the desired result.

For mild forms of inflammation of the nose and throat a simple oil spray such as the following will be found efficacious:

Menthol Gm. .9

Phenol Gm. 1.

Cil Encalyptus c. c. 1.5
Abolene c. c. 236.6

Sig:

Use as a sray for nose and throat. It might be well to add—that cocaine should never be used in the treatment of tubercular ulcers of the larynx, pharynx, fauces or mouth, as the destruction of tissue and spread of the ulcer seems greater where it is used.

Hemorrhage from the lungs is one of the most serious complications met with in pulmonary tuberculosis, or at least the most spectacular. Thus far we are without means to control pulmonary hemorrhage, but there are certain measures which if adopted will favor the cessation of the flow of blood, and clot formation. These measures may be employed whether the hemorrhage is from a vomica, eroded small vessels or of the so-called capillary type.

The patient should be placed on his back in bed, with his head only slightly raised and only permitted to turn his head to one side to free his mouth of blood and sputum by spitting into a towel or basin of water held close to his lips. Muscular effort upon the part of the patient must be reduced to a minimum and everything possible should be done to calm the nervous excitement and fright which accompany even small hemorrhages.

The patient should be fed small pieces of cracked ice which assist in allaying the cough and as soon as possible should receive Heroin gr. 1-12 by mouth which should be repeated in thirty minutes or one hour. If the case is urgent Morphine sulphate gr. 1-8 to 1-4 may be administered by the needle.

If the patient's blood pressure is high, the hemorrhage massive and the expectorated blood fresh in color—amyl nitrite inhalations may be given and the blood pressure further reduced by the administration of a few doses of glonoin.

Chloroform inhalations which have rather recently been introduced into the treatment of pulmonary hemorrhages, have not given very striking results in the writer's hands.

The patient should be put on ilquid diet and not allowed to sit up until all

traces of blood have been absent from the sputum for twenty-four hours or longer. The return to solid food should be gradual. The bowels may be moved into a bedpan at the end of 48 hours by the administration of a saline followed at the "psychological moment" by an enema. If the patient is unable to pass urine when on his back in bed, he should be catheterized. In one of the writer's cases this had to be carried out twice daily for twenty-one days.

In capillary bleeding calcium chloride may be given, gr. 3, thrice daily, for three days—but it is doubtful if this really accomplishes very much.

Treatment directed to the bleeding spot is generally useless; for even at postmortem on cases perishing from a single large hemorrhage—it is sometimes impossible to determine the bleeding point.

Attacks of pleuritic pain are common in almost all cases of pulmonary tuberculosis. Painting the affected area with three good coats of Tr. iodine or the application of a mustard plaster will serve to relieve the milder attacks. In those of moderate severity a cantharidal plaster 1 1-2"x2" over the painful spot and left in place for ten or twelve hours will relieve the pain often permanently. Pleuritic attacks which resist these measures demand "strapping." This is done with a 3" adhesive strip, which is applied tightly around the patient's chest at the moment of complete expiration. The strap which should be very firmly applied is left in place three or four days.

Pleurisy with effusion should be aspirated and the fluid slowly withdrawn. Should the patient show signs of faintness, operations should be suspended until the following day. Small collections of fluid should be left alone—as they will be absorbed with less risk to the patient

than the slight risk involved in aspiration.

A closely allied condition to pleurisy—in its manifestations at least, is intercostal neuralgia; this is sometimes severe and when it is there may be some difficulty in differentiating it from true pleurisy. The treatment is usually followed by good results. The patient should be given 5 grains of aspirin, and a cantharidal blister placed over the root of the nerve affected. If very severe a row of small "flying blisters" may be placed along the course of the nerve.

The disorders which arise in connection with tuberculosis and referable to the gastro-intestinal tract are legion. Not only do these arise as manifestations of the disease itself; but also of the sedentary lives tubercular patients are compelled to lead coupled with a relatively heavy dietary and often injudicious medication.

A great deal of the disturbance in the stomach is due to a deficiency of hydrochloric acid in the gastric juice, which is the condition most frequently met with in consumptives. In treating these cases the deficiency must be made up and relatively large doses of hydrochloric acid employed to secure the best results. The following formula meets the indications in the majority of cases:

Rx

Acid hydrochloric e. c. 7.4 Elix, pepsinae lact, q. s. ad. c.c. 89. Sig:

Teaspoonful in 1-3 glass of water after each meal.

The prognosis of any case depends largely upon the patient's ability to eat, eat and keep on eating; so that the bitter tonics with or without strychnine are demanded frequently to keep the flagging appetite from failing completely.

The administration of physiologic gastric juice obtained from pigs gives good results as long as the treatment is continued; but cases seem to return to their former condition so soon as the treatment is stopped. Added to this is the costliness of the preparation which restricts its use to the well-to-do, or to cases which simply need to be tided over a short critical period.

In the relatively few cases in which we meet with hyperchlorhydria, the following formula will be found useful:

Rx

Oxygenii dioxidi e.e. 45. Aquae dest. q. s. ad. e.e. 177.4 Sig:

Teaspoonful in a glass of water with each meal.

Very often the use of drugs may be avoided by adding a little lime water to the milk, or by substituting buttermilk prepared from sweet milk by means of lactic acid bacilli in fresh or dried cultures, peptonized milk or malted milk for the sweet milk or by varying the diet by the use of all of these forms.

Constipation is an almost universal condition among consumptives who are on the food and rest treatment, and from the nature of the case catharties can only be used sparingly and at infrequent intervals. A very successful means of treating this condition is to instruct the patient to inject into the rectum 1 oz. of pure glycerine with 1 oz. of tepid water when at stool. Not only are the immediate results good but the patient is able to discontinue the use of the syringe upon returning to his normal habits of life.

The use of agar-agar mixed with the food seems of undoubted value in some cases. Its use is based upon its property

of absorbing fluid, and its bulk which stimulates peristalsis.

In nearly every case of tuberculesis anaemia is a prominent symptom, and one which calls for correction. The administration of iron by the mouth is unsatisfactory in many cases; but the objections to its use have in recent years been largely overcome by the introduction into medicine of iron and its compounds prepared in ampules for hypodermic administration. The writer has had a somewhat extensive experience with the use of these preparations and has seen very few cases in which the results have not been remarkably good. These preparations are put up by an Italian firm and also by some of the manufacturers in the United States, and the list embraces some six or seven different formulae, the majority of which include iron, arsenic and strychnine in different proportions. The pain of administration is usually slight, the patient receiving daily injections into the muscles of the gluteal region, the treatment lasting from twenty to forty days. results obtained more than compensate for the slight inconvenience involved in the treatment. Nor are the benefits to be derived confined to the anaemia alone-the general tonic effects are excellent.

The effects of tubercular toxines on the circulatory apparatus manifest themselves chiefly in increased frequency of the pulse and low blood pressure. To aid in the correction of these conditions Strychnine arsenite is very useful. It should be administered in doses of 1-100 gr.

hourly until eight doses have been taken. This treatment should be carried out daily until the pulse is under control and more general measures have had an opportunity to take effect.

Attacks of tachycardia are not of infrequent occurence among consumptives, the symptoms at times being alarming. The patient should be in bed with head and shoulders very slightly raised; an ice cap should be put over the praecordium and strychnine sulph. gr. 1-40 combined with digitalin gr. 1-100. This may be repeated in two hours. It is often well to keep the patient on moderate doses of digitalis for about a week after the acute attack has subsided.

Insomnia is not infrequently met with in tubercular patients, particularly in those who have recently sought a change of climate and altitude. Very many of these cases straighten themselves out without interference—but in those who do not the following formula will be of benefit:

Rv

Veronal,
Trional,
Sulphonal, aa Gm. .65
Pone in caps No. III.
Sig:

One capsule with cup of hot milk one hour before retiring for three nights.

If the insomnia is due to cough, fever, or any of the other symptoms appropriate treatment for the causal condition should be instituted.

Las Cruces, New Mexico.

Communications

Board of Trustees, U. S. P. C.

The general Medical Convention edited and published the first Pharmacopoeia in the series of what is now known as the Pharmacopoeia of the United States of America. It was published in Boston, December 15, 1820. The convention provided for the revision of the Pharmacopoeia in 1830, the convention being then known as the National Medical Convention for Revision of the Pharmacopoeia. In 1900. the name was again changed to the Umted States Pharmacopoeial Convention which was duly incorporated. 1900, business matters, as well as the work of editing, were taken care of by the Committee of Revision. With the incorporation of 1900, business affairs were separated from the work of revision and placed in the hands of a Board of Trustees, having the management of affairs and funds of the convention. The By-laws provide that the Board of Trustees shall transact business involving financial or other matters that may be for the best interests of the convention and perform such other duties as the Convention may from time to time direct. The following is the Board of Trustees, as constituted by the Convention of May, 1910:

James H. Beal (Chairman), Henry M. Whepley (Secretary), Frederick W. Meissner, Jr., William Jay Schieffelin and George H. Simmons. Joseph P. Remington and Harvey W. Wiley are ex-officio members.

The Board held its first annual meeting for the decennial period, 1910-20, at Philadelphia, May 5 and 6. All members were present.

The Board appropriated funds for use in paying necessary expenses in the work of revision incurred by members of Executive Committee under the direction of Chairman Remington.

The Board decided to withdraw from sale those copies of the U. S. P. VIII in which additions and corrections have not been incorporated in the text.

An inventory has been prepared of all of the articles of permanent value purchased since 1900. A record is being made of the location and condition of these articles.

Insurance has been taken out on the electroplates for both the Spanish and English editions which are in the hands of the publisher. Also, on the copies of both the English and Spanish editions which are on sale in the hands of agents.

An auditing committee examined the accounts of the Treasurer, Samuel L. Hilton, and Secretary of the Board H. M. Whelpley and found the same correct. Expenditures are first authorized by the Board and the bills approved by the person under whose supervision the expense is incurred. All bills are next sent to the Secretary of the Board to be audited. The secretary then issues a voucher check which he signs and forwards to Chair-

man Beal who in turn signs and forwards
the voucher check to Treasurer Hilton
who signs the same and mails it to the
payee. The original bills with notations
are preserved with the records of the sec-
retary of the Board. The Treasurer of
the Convention and the Secretary of the
Board keep duplicate accounts of receipts
and expenditures as shown by the voucher
checks. The following is a summary of
the same for the fiscal year just closed
(May 1, 1910, to April 30, 1911):

RECEIPTS.

1910.
May 23, 1910, To balance from
Treasurer 1900-1910,\$8394.01
May 23, to April 30, 1911,
Sales English Edition, 6188.02
May 23, to April 30, 1911,
Sales Spanish Edition, 1169.35
May 23, to April 30, 1911,
Receipts from use of Text, 290.00
Jul. 1, 1910, Interest on
Deposits, American S.
& T. Co.,\$88.91
Jan. 3, 1911, Interest on
Deposits, American S.
& T. Co., 83.02 171.93

Total Receipts,....16213.31 EXPENDITURES.

1910-11.

EXPENSE 1910 CONVENTION:

Supplies, 79.70	
Printing, 53.25	
General, 15.73	
Stenographic Report, .375.38	
Clerical, 198.00	
Abstract, 345.17	1067.23

I REVISION:—	
Clerical, 1847.50	
Meetings, 13.89	
Supplies,	
Post. & Tel 146.88	
Experts, 52.60	
General, 112.67	3314.51
Carried Forward,4381.74	16213.31
II PUBLICATION & SALES:-	- 1
English Edition,\$1952.56	
Spanish Edition, 271.12	
General, 9.00	2232.68
,	
III ADMINISTRATION:-	
Meetings, \$330.10	
Clerical, 666.00	
Supplies, 154.65	
Post. & Tel., 67.50	
General, 41.53	1259.78
	7874.20
Cash on deposit American	
Security Co., to balance as	
shown by Treasurer Hilton's	
books and verified by the	
oank, \$839.11	

16213.31 16213.31

Henry M. Whelpley, Secretary, Board of Trustees, U. S. P. C.

BOOK REVIEW

DIAGNOSTIC METHODS.

Second Edition Revised.

A Treatise on Diagnostic Methods of Examination. By Prof. Hermann Sahli, Director of the Medical Clinic, University of Bern. Edited with additions, by Nathaniel Bowditch Potter, M. D., Asst. Professor of Clinical Medicine, College of Physicians & Surgeons, New York. Octavo of 1229 pages, containing 472 illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$6.50 net; Half Morocco, \$8.00 net.

The first edition of Sahli's Diagnostic Methods which appeared in 1905 met with the approval of the profession. This second edition, a translation of the fifth German edition will, no doubt, meet with as hearty a welcome.

The work is too well known to go into a detailed analysis of its contents. In this edition much has been added, many chapters have been re-written and revised.

The work is one that will be found of great value to the many physicians who are unable to obtain laboratory facilities and who are forced to work out their own problems as best they can, while the laboratory worker will find much that will assist him and help him to simplify his work.

The book may be properly considered in two sections—physical diagnosis and laboratory methods—and is the result of the author's own experiences and not mere compilation, but even so it is exhaustive and well worth the careful consideration of the profession.

GOEPP'S STATE BOARD QUESTIONS AND ANSWERS

Second Edition Revised.

State Board Questions and Answers By R. Max Goepp, M. D., Professor of Clinical Medicine at the Philadelphia Polyclinic. Second Edition Revised. Octavo volume of 715 pages. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$4.00 net; Half Morocco, \$5.50 net.

This is a compend which has been compiled for use by those anticipating a state board examination and is made up of questions taken from the various state board examinations of the past four or five years. These questions are arranged in order of subjects and will be of material aid in preparing for a state examination.

MODERN OTOLOGY.

Second Edition Revised.

The Principles and Practice of Modern Otology. By John F. Barnhill, M. D., Professor of Otology, Larynology, and Rhinology, Indiana University School of Medicine: and Ernest de W. Wales, B. S., M. D., Clinical Professor of Otology, Laryngology and Rhinology, Indiana University School of Medicine. Second edition revised. Octavo of 598 pages, with 305 original illustrations, many in

colors. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$5.50; Half Morocco, \$7.00 net.

In the preface to the first edition of this work (1907) the author states that in the preparation of the book they had had in mind, among other things, the desire to modernize the subject of otology; to correct certain traditional beliefs; to advocate the earliest possible prophylaxis or treatment; to emphasize the importance of a thorough examination.

The first thing that attracts the reviewer of the second edition is the simplicity of the text and the clearness of the illustrations.

A work of this kind, intended for use of student and general practitioner as well as for specialist is not an easy one to prepare. The author is too apt to be either too simple or too complicated, but in this work a happy medium is found with a resulfing book of value alike to general practitioner and specialist.

We gladly recommend this work to the profession.

PLASTER OF PARIS AND HOW TO USE IT.

By Martin W. Ware, M. D., N. Y., Adjunct Attending Surgeon, Mount Sinai Hospital; Surgeon to the Good Samaritan Dispensary; Instructor of Surgery in the New York Post Graduate School. Second edition revised and enlarged. Price, Cloth, square form \$1.25; De Luxe leather, \$2.50. Surgery Publishing Co., New York.

The exhaustion of the first edition and the persistent demand for this helpful book were the incentives for this second edition, which has been completely rewritten and enlarged and thus its scope of usefulness has been greatly extended. Complete new drawings and marginal side notes in red embellish the book and ninety illustrations are used to more clearly put up to the eye of the reader the intent of its subject matter.

Such information as History, Materials, Manufacture of Bandages, Storage, Bandages of Commerce, Calot Plaster Bandages, The Immediate Preparation of Bandages, Application and Precaution, Removal of Bandages, etc., are all given under the contents of the Plaster of Paris Bandages. Then follows such chapters as Application of the Plaster of Paris Bandage to Individual Fracture, Fractures of the Upper Extremity, Fractures of the Lower Extremity, Moulded Plaster of Paris Splints, Plaster of Paris in Orthopedic Surgery, etc., and all presented in such comprehensive manner as to make this book of particular service to every doctor. The mechanical features of the book are decidely striking.

1000 SURGICAL SUGGESTIONS.

By Walter M. Brickner, B. S., M. D., Adjunct Surgeon Mount Sinai Hospital, Editor in Chief American Journal of Surgery, with the collaboration of James P. Warbasse, M. D., Harold Hays, M. D., Eli Moschcowitz, M. D., and Harold Neuhof, M. D. 225 Pages. Cloth Bound, Semi-de Luxe, \$1.00, Full de Luxe, Leather \$2.25. Surgery Publishing Company, 92 William street, N. Y., U. S. A.

This is one of the biggest little books ever presented to the profession. In its 225 pages are found a collection of 1000 epigrammatic, verile and instructive hints based upon actual experience and everyone a lesson in itself.

The suggestions are so arranged and indexed that all subjects covered can be immediately referred to and the particular hint upon any subject immediately found. It bristles with pointed and useful sug-

gestions which in many cases might just turn the scale from failure to success. Its mechanical presentation is a feature worthy of mention. It is square cloth bound stamped in Gold, printed upon India Tint paper with Cheltenham type with special marginal side headings in red. A dollar could not be better invested than in the purchase of this book.

INEBRIETY.

A Clinical Treatise on the Etiology, Symptomatology, Neurosis, Psychosis and Treatment, and the Medico-Legal Relations, by T. D. Crothers, M. D., Superintendent Walnut Lodge Hospital, Hartford, Coun., editor of the Journal of Inebriety, author of Morphinism and Narcomania, Drug Habits and their Treatment, Etc.; Recording Secretary of the American Medical Society for the Study of Alcohol and Other Narcotics, member of the American Medical Association, honorable member of the British Society for the Study of Inebriety, Etc., Etc.: 1911; Harvey Publishing Company, Cincinnati, Ohio.

This work of nearly four hundred pages is the first medical and scientific study of inebriety and alcoholism from a practical and clinical point of view. Other works have given different phases of the subject more or less prominence, but no one book in the English language presents so general an outline view of the physiological, psychological, therapeutic and clinical aspect of inebriety and alcoholism.

There is no branch of medicine to-day of such intense practical interest to both the general physician and the specialist, and also to intelligent laymen, for the reason that no other topic is so intimately associated with practical life, and with the social and hygienic relations of individuals and communities.

No subject comes up for counsel with greater frequency, requiring medical advice, discretion and judgment as that of alcoholism and inebriety. This book presents a clinical study of facts relating to the drink problem from the scientific side with special reference to disease and the very questions of prevention and cure.

The question of heredity as a cause is considered from different phases. The chapters treating the medico-legal situation are valuable.

Amongst the causes of inebriety we find discussed some of our so-called harmless drugs.

Home treatment finds a great deal of consideration.

The book is a valuable adjunct to the practitioner and deserves careful study.

TRUTHS.

Talks With a Boy Concerning Himself.

By E. B. Lowry, M. D., Author of "Confidences." Neatly bound in cloth.

16mo. Price, 50 cts. net, postage 5 cts.

Forbes & Company, 325 Dearborn St.,

Chicago.

-O-CONFIDENCES.

Talks With a Young Girl Concerning Herself.

By Edith B. Lowry, M. D. Neatly bound in cloth. 16mo. Price, 50c net; by mail, 55c.

Forbes & Company, 325 Dearborn St., Chicago.

The time has come to recognize fully the truth of Browning's: "Ignorance is not innocence but sin."

Both books—for each sex—explain origin of life and the simple truths of sex in a language intelligible to young girls or boys.

The book for girls is of utmost delicacy and we cannot hesitite to recommend it to the mother who needs help or a guide in the instruction to her daughter.

The book for boys is straightforward and written in a careful manner. It will help where the father feels himself incompetent.

PRACTICAL DIETETICS.

With Reference to Diet in Disease.

By Alida Frances Pattee, A. F. Pattee, Publisher, 134 S. 1st Ave., Mt. Vernon, New York.

Knowledge of dietetics is of paramount importance for the physician whose information about the proportion of the various classes of food is often rather limited. For such information this book is very valuable. We quote from another reviewer:

"This is one of the most practical and comprehensive books on diet that it has been our privilege to review. The preparation and administration of liquid, semiliquid and solid food is graphically presented with an array of formulas that will suit the most fastidious palate. It also contains diet lists in various diseases and for infants and children as advised by leading physicians and as used in our largest hospitals. It is in all a book that is invaluable to the physician, student or nurse."

THE STRANGE CASE OF DR. BRUNO.

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COMING MEETINGS

New Mexico Medical Society, East Las Vegas, September next.

American Medical Association, Los Angeles, California, June 26-29, 1911.

American Proctologic Society, 13th Annual Meeting, Los Angeles, Cal., June 26-27, 1911.

Sixty-Seventh Annual Meeting of the American Medico-Psychological Association, June 19, 20, 21 and 22, 1911, the Brown Palace Hotel, Denver.

The New Mexico Medical Iournal

Volume VI JULY, 1911 No. 10

$E \cdot D \cdot I \cdot T \cdot O \cdot R \cdot I \cdot A \cdot L$

MEDICAL ADVERTISING.

In the April issue of this Journal there was published an editorial under the title "Fight the Devil with Fire," in which mention was made of the methods advanced by some of the ablest members of the profession relative to the publication of articles in the daily press from members of the profession detailing the FACTS concerning certain diseases and medical practice. In the June issue, one of our associate editors, failing to grasp the real intent of the former editorial, calls the Journal to task for its attitude. The managing editor, the author of the first meutioned editorial has no quarrel with his associate for whom he entertains the highest regard but he desires to repeat most emphatically that the spirit of the former editorial is strong within him. The only way to meet the increasing stream of calumny heaped upon the regular ethical profession by the so-called "advertising specialist" is to "Fight the Devil with Fire."

It is not intended that the practitioner shall advertise. That would in itself savor of quackery-the very thing we are anxious to rid ourselves of-but we do believe that side by side with the "advertising specialist's" column of misstatements should be a column of facts dealing with the same questions. This need not, nay, should not, be signed by any single member of the medical profession but should appear under and emenate from, the authority of the American Medical Association or some of its component parts. The press of the country is

and the second s

open to the one as well as to the other and the funds of our various organizations could not be better spent than in spreading the truth. There is no one single element that will go so far toward the elimination of quackery--not in one generation perhaps--as will, education of the great body of the American people in the great truths concerning the prolongation and preservation of the life and health of the race. It is all well enough to prate about ethics and say that the deluded individuals come back to the regular physician after awhile with their eyes open and with a wiser and better knowledge of affairs. Come back they do, but usually asking for charity and in a helpless and hopeless state. It is lorg past the hour when we medical men should continue to sit idly by while the quack and the shyster takes the health and life of our practice as well as the bread that is justly ours.

We have no contention with the editorial of our associate--we agree with him in full in so far as it affects the regular individual physician, but the profession as a whole has a duty to the race other than the collection of fees for services rendered and a part of that duty is to educate the public in matters pertaining to the relationship of the profession to quackery and, likewise, to public and private health.

We reassert all that we said in our former editorial and emphasize the extract from the New York Medical Journal quoted therein.

) - F. L. 24

Mc B.

OF THE AMERICAN MEDICAL ASSOCIATION.

The address of President Jno. B. Murphy before the A. M. A. meeting at Los Angeles contains many excellent and timely suggestions and recommendations which will find a hearty response among the members generally. There is one suggestion, however that appears to us to deserve some careful consideration before definite and final action is taken upon it for it is one that if carried out is likely to invade the field of state journals and probably make it more difficult for the state organitions to appeal to the profession within the state for membership in the state society. We refer to the recommendation for a cheaper--dollar per vear--monthly journal. To quote "There are many general practitioners who are keen, earnest, industrious, over-worked and ethical men. who desire and require scientific medical assistance. They are diffident and reluctant to ask for it. It should be the purpose and accomplishment of this body to deliver to them this information. channel most available is by the establishment of a dollar monthly periodical, this to contain working abstracts of articles in the larger journal, original articles on pathology, diagnosis and treatment of the more common ills, such as malaria, typhoid, diphtheria, tuberculosis, syphilis, hookworm, etc., brought up-todate and by authorities, so that a man may have the latest information on the everyday diseases at his command. This will appeal to many practitioners who have only a moderate amount of technical training and are unfamiliar with more recent nomenclature. It can carry in addition, personal news, medical economics, courses of instruction, legal decisions on medical subjects, write-ups on climate, states, eities, hospitals and men; in other words, a breezy, gossipy, personal helpful magazine containing a large percentage of the most modern practical medical facts."

This recommendation was later referred by the House of Delegates to a committee of five to be appointed by the President for investigation and report at the next regular meeting one year hence.

This Journal has no fault to find with the recommendation which the president has made except that it questions the advisability of the American Medical Association invading the field of the state medical journals. As it now is it is hard enough for the state journal to get along and were it not for the constant work on the part of the management of the various journals, coupled with an ever present effort to gather the members of the profession into one compact state organization we doubt if they could exist-at least in some of the smaller states. To establish a journal of this kind on the part of the American Medical Association would surely be to lessen the possibility of the state journals accomplishing the desired end. To us it appears much better to consider ways and means whereby the American Medical Association could use space in the various state journals for the publication of these abstracts of practical articles and other matter such as is outlined in the recommendation, the A. M. A. furnishing the copy each month and the state journals publishing it. This combination ought to accomplish the desired end and at the same time add incentive to the profession to become identified with the state organization. We believe a full discussion of this matter in the columns of the state journals is in order.

HOOKWORM DISEASE IN NEW MEXICO

Under the date of June 18th., the following news item was announced from El Paso:

"Train service with Chihuahua was restored today. The first through train for one week, together with a special train, arrived here tonight over the Mexican Central railroad. train brought eleven hundrd Mexican laborers, who are under contract for railroad work in New Mexico, Arizona and California."

The vital significance of the last sentence of this item, to the public health circles, can best be brought to the attention of the medical profession of this territory through the two following facts, substantiated by investigations of the writer:

- (1)—Twelve Mexican States south of the City of Chihuahua are endemic foci of the hookworm disease, and
- (2)—Before the late Insurrection in Mexico, fully twenty per cent of the Mexican track laborers entering El Paso harbored the hookworm.

Many of the eleven hundred men referred to in this news item are ex-soldiers, who for many months have been living in open, unsanitary camps, going without shoes, and constantly poluting the soil, thus increasing the percentage of hookworm infections.

The warm rainy season is the hatching time, par excellence, of uncinari ova, and every one of these eleven hundred men bringing the parasite into this territory is very likely to be a focus of infection to others, especially so at this time of the year.

It has been vividly shown that hookworm disease not only affects the health of the country where it exists, but also its prosperity, and that finally it tends towards the degeneration of the race. today causes more suffering and sorrow, more deaths, and a greater economic loss in our southern states and insular posessions than any other agency. We of New Mexico must be on our guard NOW against this disease, for there will be every opportunity for it to spread this summer, through many of these eleven Mexican laborers and others who will enter this terrtiory within the next few weeks. Unless we be on our guard NOW, long before Rockerfeller's million has been spent in the south to eradicate this disease, it will probably be found to have gained a strong foothold in this territoryespecially in southern New Mexico. Bear in mind that the long life of the embyrofrom one to two years-makes its eradication from the soil a very difficult problem. In fact, the hope of eradicating hookworm disease in our southern states. in this generation has practically been abandoned-and for the present the Rockerfeller Sanitary Commission looks forward only to ameliorating it, and to the education of the next generation. In view of these facts, and in this day of preventive medicine, it certainly seems that some measures should be taken—and taken at once-to control the spread of this disease. It is a trite but exceedingly useful maxim with medical men that prevention is better than cure. Let us act now and prevent the spread of this infection in New Mexico before we are compelled to look to a Rockerfeller to help us cure the condition. You ask what we can do? In reply I wish to state that this is largely up to the railroads who employ these Mexican laborers-but it is up to the medical men of this territory, and especially to the railroad officials, and to see that they act promptly in dealing with the situation. The railroad officials must be made to understand that this matter will be vigorously handled by the government—thus practically closing the door against these laborers-unless they take the proper steps to prevent the spread of this scourge. Through the efforts the officials of the Santa Fe Coast lines have promptly grasped the situation, and are today dealing with it in an intelligent and scientific manner. Every case is promptly deported as soon as diagnosed, and bulletins have been sent to all section foremen and officials of the track department, giving instructions regarding the necessary sanitary precautions—such as requiring laborers to deficate in adequate trench latrines, or pits near the place of work; and compelling the men to wear shoes at all times.

The writer has also brought the condition to the attention of the Bureau of Public Health and Marine Hospital Service with the result that the Surgeons of this service stationed along the border have been instructed to keep on the lookout for the disease, and this department will carefully and promptly aid in the deportation of all cases reported to them.

Let us be on the constant lookout for these cases during the summer—examining for hookworms in all cases of anemia that cannot otherwise be satisfactorly accounted for, and if the railway officials, after being acquainted with the facts, fail to act promptly let us see to it that the proper government aid is invoked. We must prevent the spread of the hookworm disease in New Mexico by prompt action, or we will certainly face one of the greatest scourges our fair territory has ever known.

John W. Colbert.

HONORS.

At the recent meeting of the American Medical Association held in Los Angeles, California, Dr. W. R. Tipton of East Las Vegas was made one of the vice-presidents of this great organization of representative medical men of the United States.

In honoring Dr. Tipton, the American Medical Association has honored itself as well as Dr. Tipton and the New Mexico Medical Society.

For a generation or more Dr. Tipton has been on the firing line in New Mexico and no movement for the betterment of the profession and no movement for the betterment of the people of the Territory of New Mexico has failed to have his active support. It is no little matter to be able to point to a record such as his is dating back to the time when an organized medical profession was not even dreamed of on the frontier, and the honor comes to a most deserving and able member of the profession. Dr. Tipton has seen the few scattered physicians of the Territory of New Mexico thirty years ago organized into an association which is able to hold its own with those of the older and more thickly settled portions of the country and is a distinguished member of that society which he helped to organize and to nurse through its infancy and to guide into its young manhood and we repeat that the American Medical Association has honored itself in making him one of its officers.

THE ANNUAL MEETING.

We again call the attention of the members of the New Mexico Medical Society to the annual meeting for 1911.

This meeting will be held in East Las Vegas sometime during the month of September the exact date to be determined upon scon and it is earnestly desired that the members intending to read papers at that meeting communicate with the secretary as soon as possible, giving title of the paper.

The program committee, officially known as the Committee on Scientific Work, is composed of Drs. C. F. Losey of East Las Vegas, J. W. Colbert of Albuquerque and the secretary. This committee asks each member to take an active interest in the program and to mail the title of his paper as soon as possible.

In our next issue we hope to be able to give a more or less detailed statement of the program for the meeting.

Doctor E. H. Carpenter of El Paso. Texas, will deliver an illustrated lecture on "The Tonsils." Doctor Saling Simon, of Denver will talk on the "Wasserman and Noguchi Reactions for Syphilis Compared and the Effects of Treatment With Salvarsan upon the same." Doctor Jabez Jackson of Kansas City will also address the meeting his subject to be announced at a later date. Doctor F. De la Vergne of Albuquerque will read a paper on "Diagnosis of Malignant Disease." Doctor Robert Smart of Albuquerque has promised a paper on "The Blood in Tuberculosis, with some deductions from practical work with the Arnuth Count." Doctor N. D. Welsh of Pena Blanca has promised a paper, as has also Dr. Ingals of Roswell,

The Councillor Districts as arranged by the members of the Council are as follows:

Dona Ana, Luna, Grant, Sierra, Socorro, Valencia and Bernalillo in charge of Councillor S. D. Swope of Deming.

Eddy, Chavez, Otero, Lincoln, Roosevelt, Torrance, Quay, Curry and Guadalupe in charge of Councillor W. T. Joyner of Roswell.

San Juan, Rio Arriba, Taos, Colfax, Union, Mora, San Miguel, Santa Fe and McKinley in charge of Councillor W. R. Tipton of East Las Vegas.

The secretary of the Territorial society desires to call the attention of the county societies to the fact that only two or three of them have so far reported the new officers. Below is a list of the secretaries of the various county societies as they appear on our lists. If corrections are to be made in this list it would be a favor to the secretary of the Territorial society if notification be sent him at once, together with the correct information.

Dona Ana, T. C. Sexton, Las Cruces. Chavez, C. M. Yater, Roswell.
Santa Fe, J. M. Diaz, Santa Fe.
Luna, S. D. Swope, Deming.
Torrance, C. D. Ottosen, Willard.
Grant, L. S. Peters, Silver City.
Las Vegas, W. E. Kaser, East Las Vegas.

Otero, J. G. Holmes, Alamogordo.
Eddy, E. S. Furay, Lakewood.
Bernalillo, F. E. Tull, Albuquerque.
Quay, R. J. Thompson, Tucumcari.
Celfax, J. L. Hobbs, Gardiner.
Curry, A. L. Dillon, Clovis.
Roosevelt, H. F. Vandever, Elida.
Pecos Valley District Medical Society,
A. L. Dillon, Clovis.

Committee on Public Policy and Legislation of the New Mexico Medical Society.

Dr. E. B. Shaw, chairman, East Las Vegas
Dr. C. M. YaterRoswell
*Dr. T. B. HartRaton
Dr. J. A. MassieSanta Fe
Dr. T. C. SextonLas Cruces
Dr. G. K. AngleSilver City
Dr. S. G. Von AlmenClovis
Dr R J Thompson Tueumeari

Dr. CowanCarlsbad
Dr. C. J. AmbleManzano
Dr. P. M. SteedDeming
Dr. GarmanyPortales
Dr. J. G. HolmesAlamogordo
The President, ex-officio.
The Secretary, ex-officio.
*Deceased.

Proposed Amendments to the Constitution.

The following amendments to the constitution are to be voted upon at the next regular meeting of the New Mexico Medical Society:

"Amend Art. 9, Sec. 1 of the constitution by striking out the word "three" and inserting the word 'seven."

"Amend Art. 9, Sec. 2, by striking out all that portion of said section referring to terms of councillors and inserting the following: 'The terms of councillor shall be for three years. Those first elected serving as follows: Two for one year, two for two years, three for three years, as may be arranged, so after the first election two shall be elected annually for a term of three years', and each third election three shall be elected for a term of three years."

"Amend Art. 4, Sec. 2 of the constitution by striking out all that portion of Sec. 2 down to and including the word 'territory' and substituting therefor as follows: "The members of this society shall be of good moral and professional character, graduates of a reputable medical college, and licensed practitioners of the territory."

ROSWELL ITEMS

Mrs. Beeson, wife of Dr. C. F. Beeson, was taken home a day or so ago after several days in the hospital recovering from an operation. She is doing nicely.

Dr. E. M. Fisher left on the morning of June 21st, for the A. M. A. meeting in Los Angeles, intending to catch the St. Louis special at Albuquerque.

Drs. C. M. Mayes, R. L. Bradly and C. M. Yater attended the meeting of the State Medical Association of Texas at Amarillo in May. This association has instituted an innovation that can have no other than a beneficial effect on the profession generally. They propose to recognize a fraternal delegate from each of the adjoining states, with all the privileges of the House

of Delegates except voting. In line with this idea, and in the absence from the meeting of the delegate chosen from New Mexico, Dr. C. M. Yater, at the suggestion of those members of the New Mexico Medical Society who were in attendance on this meeting, was recognized as the "fraternal delegate" from New Mexico. Every courtesy was shown him and in his talk to the House of Delegates and in behalf of the New Mexico Medical Society he extended to the Texas Association an invitation to select a "fraternal delegate" to attend the next meeting of the N. M. M. S. at Las Vegas in September.

The Chaves County Medical Society has voted to take a rest from the first of

July till the First of September, at which time the "Weekly Post Graduate Course of the A. M. A." will be taken up as in the past year. Every county society in New Mexico should take up this study. Those not using this plan can have no idea of its superiority over the old methods of con-

ting county societies.

Several members of the C. C. M. S. contemplate taking vacations through July and August, going to different places of recreation.

C. M. Yater.

NEWS NOTES.

Dr. E. S. Bullock of Silver City attended the meeting of the A. M. A. at Los Angeles, as did also Dr. W. R. Tipton of East Las Vegas and Dr. L. L. Cahill of Springer, the latter being the accredited delegate from the New Mexico Medical Society.

Dr. W. A. Evans, ex-health commissioner of Chicago, was a recent guest of Las Cruces relatives.

Dr. Middleton of Many, Louisiana, is visiting friends in Las Cruces.

The regular June meeting of the Grant County Medical Society was postponed on account of the meeting of the A. M. A.

Dr. B. E. Lane of Las Cruces has returned from a visit to his old home in Ohio, having accompanied a brother who was ill.

Dr. C. W. Gerber of Las Cruces has gone east for a vacation.

Dr. Morris H. Tindall recently of Philadelphia has located in Las Cruces for the practice of his profession.

Dr. W. R. Tipton of East Las Vegas was the accredited fraternal delegate to the Arizona State Medical Society meeting. This meeting was held in Los Angeles during the time of the A. M. A. gathering.

Dr. L. S. Peters of Silver City attended the meeting of the National Association for the Study and Prevention of Tuberculosis held recently in Denver, Colorado.

The town of Silver City is framing laws for the regulation of the tubercular problem from a sanitary point of view.

WANTED.

The following copies of the New Mexico Medical Journal are wanted. Parties having them and willing to dispose of them are asked to write the managing editor stating price.

Vol. II. 1907-All except March.

Vol. III. 1907—All except June, Sept. and Dec.

Vol. III. 1908—All except June, Sept. and March.

Vol. IV. 1909—All except Sept., Jan., March and May.

Vol. V. 1909-Nov. and Dec.

. Vol. V. 1910-October.

GLIOMA OF THE RETINA

J. G. Holmes, M. D. Alamogordo, N. M

Read by title before the 29th Annual Mee ing of the New Mexico Medical Society

At Albuquerque, N. M. Sept. 29, Oct. 1, 1910.

Case: The patient, Felix R. aged 3 years had showed no unusual conditions other than those of children of his own age. The mother reported that his birth was easy and normal. He had nursed until 14 months old. His parents, father Polish and mother German were in poor circumstances. Patient was the youngest of six children, the others all living and healthy.

About September 1908 it was noticed that there was something wrong with the patients eyes. The mother stated that she had noticed that the eyes appeared glassy in certain positions but that the child could see all right. A few weeks later the child acted as though its vision was not good at times. The eyes were more red. Examination showed that the retina was whitish and bulged out into the cavity of the ball, but the ball was normal in appearance and tension. The case was diagnosed as probable glioma. Dr J. B. Gray of El Paso saw the patient in Feb. 1909 and confirmed the diagnosis. Both eyes were affected alike and the vision was practically gone at this time, Removal of the eyeballs was advised as the only hope of saving the child but this was refused by the mother.

About May 1909, the eyeballs began to enlarge after there had been a gradual advance of the retina towards the front with displacement of the normal structures. The child seemed normal at this time except as to vision, Appetite was good and general physical condition fair. complained very little of pain or other inconvenience. The enlargement of the balls was towards the front with bursting about July 1909. From this time the growth was very rapid. The first picture taken about Oct. 1909 shows the condition very well. All resemblance of the eyes was lost except a dark spot on the front, the remains of the retina, while the whole mass soon broke down and discharged pus and serum. They became very foul smelling and loathsome in appearance and their weight caused them to hang down below the angle of the mouth. As the disease progressed the lymphatics enlarged especially below the jaw. A short time before death the metastatic nodules could be seen in various parts of the body. Emaciation became very marked until death relieved the child of its suffering on Dec. 30, 1909. The last pictures were taken at this time.

No specimen was obtained for examination nor was an autposy allowed so that little besides the general condition and appearances are known of the case.

Glioma of the retina is a very malignant form of round cell growth which occurs only in childhood. It may be present at birth, is usually met with during the first three years of life, and never begins later than the eleventh year. In one fifth of the cases it affects both eyes.

Pathologically, it begins in the inner layers of the retina, and may grow either

bones of the skull, and the brain becomes involved. Finally metastases form in distant organs, although unlike intra-ocular sarcoma, glioma is dangerous rather by reason of its great tendency to recurrence



OCTOBER, 1909

inward or outward, so that the nodular masses seem to overlie the retina (glioma endophytum), or it may grow outward so that the retina is apparently detached and elevated (glioma exophytum). Later glaucoma or an iridiocyclitis develops. Following the inflamatory stage the growth perjunction, or along the optic nerve, or in rarer cases, extending along the ciliary vessels and nerves. Then the glands of the head are attacked, nodules form on the

and its local extension than by a tendency to metastases.

The tumor contains many thick walled blood vessels, and about these are sheaths of closely packed small cells having a large nucleus, staining darkly and very delicate processes. Further from the nutritive supply, the cells are degenerated and do not take the stain. Glioma of the retina differs from glioma of the nervous system in being less fibrillar and in having

its cells more closely packed. By some, glioma has been thought to belong in the category of sarcoma, but Golgi's stain shows it to consist of neuroglia-tissue with numbers of small nerve cells scattered through it.

Symptoms: The first thing that attracts attention is a bright reflex of a yellowish color, seen through the pupil. The pupil is somewhat dialated but moveable in the cornea, and the lens opaque, preventing a view of the interior of the eye. The whole globe gradually enlarges, frequent inflammatory attacks occur, the sclerotic becomes thinned, and at last, if the growth if allowed to remain, a slough forms near the center of the cornea, which ruptures and a fungoid bleeding mass protrudes.

The increase of the growth now becomes much more rapid, and it may grow to a



DECEMBER, 1909

earlier stages. Examination by the opthalmiscope and lateral illumination will show a whitish growth projecting into the viteous chamber, either as a single prominence or in nodules, the growth will gradually increase its surface become covered with blood vessels, the retina displaced, and the sight entirely lost.

As the disease progresses, the tension of the globe increases; the pupil becomes widely dialited and fixed, the iris pushed forward and nearly in contact with the considerable size in a short time.

As soon as the growth becomes exposed to the air it commences to discharge thin sanious pus and blood and becomes more or less coated with a dirty yellow scab. The eyelids become inflamed and swollen, sharp attacks of hemorrhage may occur, the general health suffers, and the patient dies from exhaustion or from extension of the disease to the brain.

Glimoa must be distinguished from pseudo-glioma, the degenerated eyeball which

is the outcome of purulent choroiditis following meningitis. The latter gives a history of previous inflamation of the eveball and diminished tension. The opthaldevelopment with perforation will eliminate this.

Treatment: Enucleation as soon as possible, cutting the nerve far back. This



DECEMBER 30, 1909

mioscope fails t oshow the irregular surface covered mostly with newly formed vessels, but does show the irregular surface covered with newly formed vessels, but does show signs of previous inflamation of the iris. Also from the early stage of tubercular deposits within the eye, but

should be done as soon as the nature of the disease has been discovered. Unless this is done death occurs in two or three years. But however early the operation may be performed, the disease is almost certain to return either in the optic nerve or in the brain. When excision is practiced early there is a fair chance of cure.

DIAGNOSTIC SIGNIFICANCE OF BLOOD PRESSURE ESTIMATIONS

Chas. F. Beeson, Roswell, N. M.

Read before the Pecos Valley Medical Association at Roswell, N. M., April 25, 1911

Preface:

I desire to express due courtesies to Dr. T. C. Janeway of New York for the valuable aid obtained from his work "The clinical study of blood pressure" in the preparation of this paper.

Instrumental estimation of blood pressure is a clinical resource of comparatively recent origin. Its practical utility is shown by the demands made by insurance companie's for its use by their examiners. Five years work with such an instrument in my practice has convinced me of its undoubted value. A few trials by comparison will demonstrate how unreliable is the old method of pulse palpation. To dwell upon the history of this instrument or to explain the facts and theories pertaining to its development is not the purpose of this paper. The method of application is simple and consists in the compression by an air contained bag, of an artery, usually the brachial, until the pulsations cease to distend the bag, at this point the pressure is read off on a column of mercury or by a spring like mechanism in M. M. The side pressure of the blood contained in the artery is the result. This presure is remarkably constant for the individual in health but is greatly influenced by diseased conditions, especially of the circulatory

apparatus and those conditions influencing the circulation through the sympathetic nervous system, principal among which are diseases of the kidneys, compression of the brain and shock. A triad of conditions, the importance of which is second to none in the domain of medicine and surgery. These conditions show their influence through the peripheral and abdominal circulations dialating or contracting these vessels as the case may be thereby lowering or raising the pressure at will; In normal conditions, each counteracts the effect of the other, thereby maintaing the pressure at a remarkably constant figure. After the usual evolution of instruments a comparatively accurate standard has been established. The Rivi-Rocci pattern with a wide cuff (or air bag) is the kind of instrument mostly recommended to fulfil the requirements, although there are other instruments of equal value and some are certainly more convenient: but whatever the instrument it seems establised that a wide armlet or cuff must be used, a width of 12 c. m. or about 5 inches, will undoubtedly be established as the standard. A narrower cuff seems to register the drag on the sides during inflation thereby making the reading too high.

The normal systolic pressure of an healthy adult is usually placed at from

115 to 145 m. m. while that of children may register as low as 75 normally. The systolic blood pressure is that amount of pressure which is required to exactly obliterate the artery pressure upon allowing no blood to pass. The diastolic pressure is that amount of pressure which the fully distended vessel can stand without decreasing its lumen. The sum of the difference between these two pressures is called the pulse pressure. The normal diastolic pressure is placed at from 25 to 40 m. m. lower than the systolic in the same person which would mean a pulse pressure of 25 to 40 m. m. A reasonable deviation from these figures indicates an abnormal condition of some kind and is to be spoken of diagnostically in the following lines of this paper.

The extremes to which recorded blood pressure readings have reached in the living man are 40 m. m. in shock and 400 m. m. in cerebal hemorrhage. Low pressures are commonly seen in wasting diseases and cachectic states such as advanced phthisis, carcinoma of the stomach and general paralysis of the insane. All the life processes are carried on at the lowest possible level in these conditions, the functional element of peripheral resistance is reduced to its lowest terms. The brown atrophy of the heart bespeaks a diminished output of cardiac energy; and the reduction of total blood volum is equally shown by the small and empty pulse during life and the bloodlessness of the tissues after death.

Temporary falls in pressure result from certain drugs which cause vaso dialation, the nitrates especially. Piosonous doses of drugs which paralise the vaso-motor center of the heart cause a fatal fall. Chloroform is the most important of these and it occurs early in anesthesia and needs

watching. Profuse hemorrhage leads to a rapid reduction. Collapse and shock are conditions in which low pressure is more than a symptom. They are conditions in which vaso-motor paralysis bleeds the patient to death in his own veins. A permanently high level of blood pressure is found in connection with a lasting increase in the peripheral resistance which the left ventricle of the heart must overcome, combined with hyperthrophy it is enabled to meet the demand. Such changes belong to diseases of the arteries themselves which we include under the general term arterio-sclerosis, and to cardio-vascular lesions of kidney disease. It seems that the largest part of the regulating function is lodged in the splanchnic circulation which includes the portal circulation. If the blood pressure rises to the point where the heart is embarrassed reflex dilitation of the countless arterioles of the abdominal viscera evoked by the depressor nerve promptly causes a fall. It seems evident therefore that an abnormally high pressure cannot exist permanently unless here has been some damage to the regulating power of the visceral circulation.

The highest arterial pressures ever recorded in man have accompanied acute compression of the brain in apoplexy and fractures at the base. The eraneo-vertebral cavity being closed the brain substance is incompressible, the total amount of blood in the brain is invariable except for the slight expansion made possible by the increased absorption of cerebro-spinal fluid at high pressures. If then a foreign body, as for instance a blood clot or free hemorrhage be introduced into the cranial cavity, room can only be made for it at the expense of the blood in neighboring veins and capillaries. Compression, there-

fore produces local anemia and the symptoms are due not to the pressure but to the cecession of the blood flow. At first only the veins are narrowed and the capillary pressure raised, this being a compensatory measure few symptoms appear. Increase of pressure brings about venous stasis with diminished capillary flow; This is the second stage of cerebral compression manifest by headache, vertigo and perhaps slowing of the pulse from stimulation of the vagus centre. Any further increase in pressure will now empty the veins and capillaries and as soon as it passes the level of arterial pressure will absolutely cut off the circulation.

This third advanced stage of manifest cerebral compression is in reality an acute cerebral anemia, and leads to absolute loss of function. Now it is that the medulla responds with an effort to preserve blood pressure above the intracranial tension and its blood flow begins anew. the compression goes higher the vaso-motor centre follows with another rise and so step by step the blood pressure may keep just ahead of advancing brain pressure until such enormous figures as 300 or even 400 m. m. of mercury have been reached. Each rise is not steadily maintained however but in many cases seem to over compensate and be succeeded by a fall, then a rebound as anemia of the bulb recurs in pendulum like oscillations, these are the Traub-Hering waves which may be appreciated in making sphygmomanometric The respiratory centre shows readings. a similar rythmical variation in its activity, deep breathing coinciding with the period of high blood pressure and established circulation; aponea with its interruption, the clinical Chevne-Stokes respiration.

If the intracranial tension be too long

maintained or go too high, the medullary centers become exhausted and the final paralytic stage sets in, the blood pressure falls with rapid running pulse and death soon ensues.

Large cerebral hemorrhages are almost always attended by general compression symptoms, coma, slow pulse, sterterous or Cheyne-Stokes breathing, consequently they produce marked hypertension which is more extreme the greater the rise in intracranial tension.

It is of the greatest importance to know whether a comatose patient is in the initial or advanced stage of manifest compression or has reached the period of terminal paralysis. No single bit of evidence tells this as clearly as the systolic blood pressure, if this is extreme, 300 or more, the medulla is undergoing serious compression and danger to life is imminent. this is especially true if the instrument shows the Traub-Hering waves. If, however, the symptoms are not urgent and the blood pressure is not high either the diagnosis of hemorrhage is not correct or it is doing local rather than general harm. If the patient is evidently in serious condition with deep coma, Chevne-Stokes breathing or cyanosis and beginning respiratory failure and a low or falling blood pressure with rapid pulse are found, then the terminal stage has set in and no treatment can much retard dissolution. Nothing could be more valuable in such cases than a frequent blood pressure record. A high and raising blood pressure in these cases indicates an increasing hemorrhage. On account of the viscious circle established under such conditions, this rise in pressure is productive of more bleeding: while an artificial reduction of tension by drugs or general blood letting will be likely to kill the patient by the cessation of

cerebral circulation which results the moment the general arterial pressure falls below the intracranial. In consequence, some surgeons, especially Cushing, advocates immediate operation with relief of intracranial tension and evacuation of the clot if possible. With a stationary or falling pressure without increase in symptoms the operation should not be done.

Between uraemic and apoplectic coma the decision is more difficult because a marked rise accompanies uraemia but it is not so high and figures of 300 m. m. and over are seldom reached in uraemia. The finding of an approximately normal blood pressure early in a paralytic stroke speaks very strongly for cerebral thrombosis and we all know the importance of treatment whether hemorrhage or thrombosis is the cause of the paralysis, therapeutic indications being directly opposed in the two conditions.

High tension is of the first importance in connection with the contracted kidney. It is one of the most constant and with the sphygmomanometer most easily detected evidence of the disease. The enlargement of the heart with obesity may baffle the expert, the urinary changes are not constant, albumin and cast are frequently absent and even quantity and sp. gr. may be normal at certain times. A single urinary examination at the office may fail while a test of the blood pressure will certainly detect the hypertension which is always present in this condition. While not a pathognomonic sign it is nevertheless so striking that it puts the physician at once on the alert. Given a systolic pressure of 200 the diagnosis of contracted kidney must be diapproved by repeated examinations before it abandoned. The sudden development of rising pressure in these cases may indicate the onset of acute uraemic manifestations. In typical chronic parenchymatous nephritis high tension may be as marked but it is not constant.

In diseases of the heart a high systolic pressure with a normal or slightly elevated diastolic giving a wide range between the two speaks for aortic insufficiency. Failing compensation can be detected much earlier with the instrument than by any other known means. It is denoted by an irregular strength of the pulse waves as the column of mercury nears the height of the systolic pressure.

High blood pressure is not always present in true Angina Pectoris but when it is, it distinguishes the true from the false. Slight grades of the paradoxical pulse can be detected by the instrument, thereby sometimes suggesting pericardial or pleuritic effusions. Of the acute infections diseases Typhoid fever with its complications stands almost alone in its effect upthe blood pressure. To be of service the blood pressure readings should be made as often as the temperature and pulse readings and recorded. The pressure is low and begins to fall in the second week and goes hand in hand with the development of the toxemia, each week it falls gradually lower. A typical case would read as follows: First week 115, second week 106, third 102, fourth week 96. Fluctations of short duration are of serious import. A slowly progressive fall in pressure is evidence of increasing weakness of the vasomotor centres and of the danger of impending collapse. A rapid fall indicates intestinal hemorrhage. A sharp rise indicates perforation. A rise of 50 m. m. in two hours has been noted in perforation. In all cases of perforation in which close observations were made this sharp rise invariably occurred. Since the differential diagnosis of perforation is always difficult and from the fact that concealed hemorrhage and collapse cause a fall this sharp elevation of pressure may often ne of inestimable value. In surgical conditions collapse and shock produced decided and rapid falls and are always of serious import, collapse producing a sudden fall while shock shows a progressive If during the administration of chloroform the blood pressure shows serious depression ether should be substituted. In head injuries a mounting pressure is strong evidence of intra-cranial hemorrhage, and a pressure of 300 or more is almost pathogmonic. In pregnancy the blood pressure on the whole is slightly elevated, some ascribing the apparent harmlessness of cholorform in this condition to this fact. But aside from conditions producing eclampsia the blood pressure readings as yet have not been found of much diagnostic value. A condition of nigh tension has been observed in all cases or eclampsia and pre-eclamptic conditions; Therefore the condition of hypertension during pregnacy is a warning of no small consequence, which really seems of more value than the finding of albumin in the urine, and it is certainly more pleasant and the information thus obtained is none the less valuable.

In the condition of coma a high blood pressure under ordinary circumstances would mean either uraemia or apoplexy. If 300 or over cerebral hemorrhage is practically certain. Of course these conditions are often combined, the high pressure of nephritis producing the apoplexy; Then too, a nephritic with high pressure might take an overdose of opium thereby producing a coma with high pressure, deceiving one who would depend entirely upon the blood pressure readings for his diagnosis.



SOME OBSERVAVIONS ON DIET IN TUBERCULOSIS

Leroy S. Peters, M. D. Silver City, New Mexico.

Read before the 29th Annual Meeting of the New Mexico Medical Association at Albuquerque, N. M. Sept. 29, Oct. 1, 1910.

"Eat, drink and be merry, for to-morrow ye die" was the motto embodying the creed of the followers of Epicuius in the ages before Christ, and apparently this self same belief has been handed down through the cycles of time until the vast throng of lungers and consumptive advisers were prone to fit it into their health doctrine, and until recent years the unhappy consumptive was told to fill himself to the bursting point with food and drink in vain endeavor to cure the great White Plague. Possibly this in the light of previouse results in the treatment of this disease was not to be looked upon as unwholesome advice, since the majority who were unfortunate enough to be victims were wont to die on the morrow, so to speak, and by this eating and drinking were able to pass into the great unknown in comparative comfort—at least let us say with the appetite satisfied and the stomach filled to the bursting point.

Strange is it not that in all disease other than tuberculosis some attempt is made to regulate diet and prescribe what seems fitting, and to that end forms of diet have been advised which have the semblance of sanity to say the least, and the patients digestive apparatus suffers little if any inconvenience from his run of illness.

In tuberculosis, on the other hand, little thought is given by the average physician as to what shall and what shall not be eaten. True it is that the literature abounds in articles on diet and today much more care is given to the diet regime in sanatoria and by lung specialists than has been done here-to-fore. Still it is a deplorable fact that we have almost as many suggestions as to a suitable diet as we have workers along this line. Some observers are still clinging to the doctrines of Epicurius, mentioned in the beginning, and are crying aloud for the food of the cow and the overworked hen, advising it in quantities sufficient to feed the population of the universe instead of the few patients that come under their care and observation. This too, is advised to the exclusion of all sane articles of diet, and without regard to the condition of the patient, or better still perhaps, with utter disregard of everything. I have known patients who were drinking twenty-six glasses of milk and swallowing a dozen raw eggs per day, and in addition were making a brave attempt to eat three meals that would do credit to a harvest hand. This they were told would cure tuberculosis. We grant that

it should have done something. Prehaps the over supply of nourishment was sufficient to produce a state of inertia in bugdom, and the helpless tubercule bacillus was so over fed that it became inactive through corpulence.

On the other hand cures were made and are being made today with little regard to Believe me, I do not mean to conveythe impression that an utter disregard of sane principles along diet lines tends to kill rather than cure, but I do believe that better results can be obtained by a suitable diet than by the old method of glutony. In a disease in which the cure is so far distant and the time of cure chasing is measured in months and years instead of days and weeks we must out of respect to the future happiness of our patient preserve as far as possible a good digestive apparatus, otherwise we cure the tuberculosis, perhaps but make of our patient a hopeless dispeptic for the years to come.

We have passed through almost as motly an array of food cures as we have those of patent medicines among which may be mentioned the milk cure, the whey cure, the koumiss cure and the grape cure, the beneficial effects in all of which may be traced to the outdoor life and proper climatic conditions under which the patients lived and little if any value attributed to the particular form of diet.

Since the advent of the sanatorium much good work has been done along diet lines. At first everything was hit and miss with the accent on the miss, but in recent years out of this chaos some system has at last developed. Great difference of opinion still exists but for the most part the better men are condemning the old idea of forced feeding.

We in the private institutions are at a disadvantage. Patients come to us with the idea of eating and drinking everything

in sight, and feel that they are not getting their money's worth when advised against such insanity. In the charitable and semiendowed sanatoria where the infraction of rules means expulsion, much more can be done toward the restriction of diet. King at Liberty, N. Y., has done much to show that patients do far better on a limited diet scientifically prepared than by the older methods of stuffing. He feeds from 2800 to nearly 4000 calories per day, according to previous occupation and environment of the patient. Thus a man of sedentary habits would not require the diet of a man from the laboring classes. He feeds a diet containing the following percentages: Proteids 22 per cent, Fats 33 per cent, Carbohydrates 45 per cent. For sometime before this report was publised I had been feeding a diet similar to King's and was gratified a much better general improvement in my patients than I had noted on the heavier diets before prescribed. There was much less digestive disturbances and the gain in weight was as marked as under the old regime. I have always believed that the percentage of fats in the ordinary diet was much too low and although my method is very similar to that of King I feed a smaller percentage of Proteids and a larger percentage of Fats, my formula being Proteids 18 per cent, Fats 40 per cent, Carbohydrates 42 per cent, feeding from 2500 to 3000 calories per day. This I use for the average case asking any patient who fails to gain on this amount to prepare a list of food consumed previous to his report and submit this list to me for consideration and correction. Then I work along individual lines until I hit upon a form best suited to the individual case. Left to themselves patients invariably eat too little fat, filling their stomachs with those articles of diet that tickle the palate and appease temporarily the appetite they may happen to have.

Never feed patients milk and eggs between meals unless it is an utter impossibility to help them on three square meals Give the stomach a chance to a day. Machinery worked overtime is doomed to wear out and lose its usefulness, and a man's digestive apparatus is no exception to this rule. The prognosis of a given case depends largely on digestion, and with this stamped on one's mer.tal horizon let us not change a favorable into an unfavorable prognosis merely because someone long since dead remarked that "If you would get well of tuberculosis go into the mountains and live on the fruit of the cow."

Many of us are led to believe that because a given case adds pound after pound to his shrunken frame by the stuffing process until he is far above his normal weight that a cure is in sight. Let us not be blinded by a mere addition of weight. Fat in itself has never yet nor never will cure tuberculosis. I recall a girl now dead who came to us in the far advanced stage of the disease, and whose wasted body a gentle breeze would have carried far into the unknown lands, whose mother begged us to let her stay in vain hope of cure, who at the end of three months would have graced a patent medicine ad with the motto, "Before and after taking." Her bony frame had swelled with fat on forced feeding until with difficulty she looked from slits in her cheeks that did for eyes, and the scales gave her a good twenty pounds above her normal, yet with all this the disease was an easy victor and the patient was sent home to die.

I am not a pessimist but I never let my-

self indulge in optomistic reveries merely on gain in weight. "Get to your average normal," is my advice and then appetite or do not attempt to add useless pounds to ebehindsmm.aesom shrdlu emfwyp shrdl your bony framework merely because some misguided doctor said, "Get fat and your troubles with tuberculosis are forever over."

The foregoing reports refer to the average patient in average condition on admission to the sanatorium. It is needless to say that not all patients can be given the same diet with the same good results. fever cases must be given their heaviest meals before the afternoon rise of temperature. Fever up to 101 I disregard finding that the average patient can eat and assimilate the average diet without trouble even at this point. Over that I usually give liquid foods; using eggs, and broths, such as beef and clam, or possibly the juice of fresh beef. Prepared foods, cod liver oil and the various properties I mention merely to condemn for the food values of such nostrums are to be found only on the wrapper of the manufacturer.

Occasionally patients are troubled with an irritable cough after or during meals which owing to the reflex provoked causes vomiting and a loss of food already taken. To these I advise the recumbent posture until the paroxysm ceases, the use of cracked ice or in some cases a spray of some bland oil. These measures usually suffice but if they do not and a meal is lost I advise two raw eggs and two glasses of milk at once. This is generally retained and the patient has lost little by his troublesome complication. Rest is advised before and after all nourishment as better results are obtained both in digestion and assimilation in this way.

As I mentioned in an earlier part of this paper on a restricted diet such as I have outlined little if any digestive disturbance There are of course sensitive stomachs that must be petted and at times resource must be had to drugs. However, I have been able in the past, and I see no immediate need of change in the future, to treat tuberculosis with but seldom recourse to medicines. Out of a gastric analysis of close to three hundred cases of indigestion in the Cook County Hospital for Tuberculosis, Chicago, I found a deficiency of free hydrochloric acid. With this in mind I give to the few who have slight gastric disturbance scale pepsin and hydrochloric acid after meals. Add to this salol when the intestines seem at fault and one needs seldom to look farther for corrective remidies.

But I am not dealing with treatment. Nor do I claim to have covered the subject of diet in tuberculosis. The field is too vast and the unexplored corners too remote and all of us are merely picking on the surface. Some day we shall be more scientificand the various opinions which now seem at swords points will be fused into one and the question of diet in tuberculosis will be put on the shelf along with other problems that science has solved.

Communications

CLINICAL REPORT.

A case of acute perforative appendicitis, accompanied with an unusual form of intestinal obstruction.

History.

Mexican, aged 24 years prox, occupation driver of beer and ice wagon, gives history of frequent attacks of pain in abdomen. as long as he can remember has been violently constipated, bowels moving only every four or five days and then only after large doses of oil, pills or salts. On or about April 6th, he was taken with one of these attacks, of pain in the abdomen, for which he sought relief in a half pint of eastor oil, but with no success and the pain grew so severe by the night of the 8th, that I was called in to see him, At this time there was a slight distension and · tenderness general over the whole abdomen, accompanied by slight fever and quickened pulse. By morning the pain had localized to the region of the appendix,

with fever and pulse symptoms continuing. Treatment, Rest, Ice, Opium, and withdrawal of all food.

On Monday in the face of a rising pulse and more tension in the abdomen he was taken to the hospital and a gangrenous appendix that had perforated, showing several fecal concretions, was removed. After the operation, there remained the gaseous distention of bowel, though temperature and pulse, struck practically normal in 24 hours. We tried to relieve the gas by rectal tube and enemeta, but without any result whatever. By the 12th, it was imperative to open the abdomen again in search for an obstruction, but though we made diligent search we failed to find it. The patient lived until the 16th and died at 7 a. m.

Autopsy on the same date revealed a descending colon of barely one centimeter lumen and many scybala in the transverse and ascending colon.

G. K. Angle, M. D.

EXTRACTS FROM CURRENT LITERATURE

PELLAGRA.

Dock states that Pellagra is interesting because of its comparative rarity in America, and also because Americans have the idea that they are too clean, have so much fresh air, and are too progressive, and points to the fact that pellagra shows our fallacious ideas. The disease is curious so far as diagnosis and pathology are concerned. He believes that there are about

twice as many cases of the malady as stasticics give, declaring that they are based upon guess-work. He believes the condition to have been present for more than 25 years, and that probably many cases of Hospital gangrene, scurvy—as they are so easily mistaken for it,—as well as typhoid fever have really been pellagra. It is a disease difficult to recognize, because of its many typical phases. The symptoms undoubtedly point to an infection or an intoxication introduced into the blood. Corn or maize is the most probable medium through which this intoxication is brought into the system. The principal objections advanced to oppose this theory, which are sentimental and commercial ones he declares illogical and of little value. He cites that where the malady was most prevalent, corn is used in some form or other three times daily and is as a rule improperly prepared. Corn as a crop is extremly delicate, and taken as a whole is the most immature of all cereals. It is the most easily infected, becase of this immaturity, and readily to undergo fermentation because of this infection. Those who become infected as a rule are very poor, underfed syphilities, and alcoholics. And some are so poor in the Italian districts that they do not use salt in their foods. He does not believe the amebic or protozoan theory very teneable, but states that a good percentage of the cases he saw in Louisiana were infected with the ameba. shows the seasonl relations as mentioned in texts, and that they appear in the fall as well as in the spring, and during these times are found the acute exacerbations and the skin lesions become more accen-(George Dock, M. D., Southern California Pratitioner, June 1911.)

Sterilized Spinal Fluid Subcutaneously Reinjected for Tubercular Meningitis.

Lissener details at length a tubercular meningitis history. In the treatment of the little patient he made use of daily spinal puncture, and on one day doubled the operation. He believes that this should be done in all cases because it aids in the diagnosis, as it did in his case, where the bacilli tuberculosis were demonstrated; and also to relieve the intracranial pressure. He raises the question as to how

much fluid can be safely withdrawn consistent with safety to the patient. Jacksonian symptoms usually disappear upon relieving the pressure in these cases. Those symptoms due to basal irritation twitching of eyes, eyelids, face and spasm of jaw muscles-are not relieved by the proceedure. The interesting incident of this particular case was the cyto diagnostic study. In the first specimen of the fluid observed, the small lymphocytes predominated. In the second, while these still predominated there was a change to the mononuclear leucocyte, and in these monouclears were found ingested bacilli tuberculosis within their cell protoplasm, clearly showing the phagocytic properties of these cells, and showing that the polymorphoneuclears are not the sole phagococytes. So far as the reinjection of the sterilized fluid was concerned he states that it was given so late that there were no preceptible results. It was given with the hope that it might produce anti bodies. (Henry H. Lissner, Souhern California Practitioer, June, 1911.)

Ernest A. Hall makes an appeal to the profession and particularly to gynecologists, to correct and repair all pelvic derangements and diseases in their female insane patients. He cites ample authority to show that 88 per cent of the female insane that have come under his and their care have had some form of pelvic disorder. and requiring appropriate treatment. He then quotes figures and authorities setting forth a large proportion of these cases who after receiving appropriate treatment recover mental equilibrium, and as large a percentage although not cured, are greatly improved. calling attention to the fact that operative mortality in the insane is not greater than in the sane patients. He quotes another writer stating that human anatomy is entirely dominated by the sympathetic nervous system. The uterine, ovarian, cervical, or perineal troubles producing an irritation, which is transmitted through the various channels and tracts, and finally through to the cortex of the brain, the seat of mentality and intellectuality, and completely overthrows these great functions. He claims that insanity is the product of heredity and strain (Clousten)but prefers to believe that it is "the product of strain plus the psychie sum of the physical abnormalties." By employing the proper and timely treatment in these cases, they can be cured or greatly improved, removing the source of irritation and restoring to anatomical and physiological norm. (Southern California Practitioner, June. 1911.)

Crotti detailed some of the special conditions and symptoms of simple colloid goitre; and exopthalmic goitre, merged into a more technical analysis of the exopthalmic type. He states that Kocher was the first to call attention to blood modifications in this condition, and has likewise shown the value of the blood changes from the diagnostic and prognostic standpoints. He states that the red corpuscles remain normal or else are increased, and there is not an anemia. The white corpuscles are reduced, and while the polynuclears are normally 75 per cent or 35 per cent. The lymphocytes are increased from 20 to 25 per cent to 70 per cent. Frequently the eosinophiles are augmented. Cases presenting highly increased lymphocytes, and greatly decreased polynuclears, are severe cases, and should receive medical treatment before operation. The increased small lymphocytes and decreased polynuclears explain why a slight

infection or intoxication acts very severely in an exophthalmic patient. Reduced coagulability of blood has been demonstrated. Likewise the presence of adrenalin, in severe cases, showing that there must be a physio-pathological connection between all internally secreting glands. He believes the only rational treatment to be surgical. Each case should first have medical treatment---good diet, absolute physical and mental rest, and X-Ray treatment. The sea-shore is contraindicated in these cases, and a dry inland climate at a certain altitude, is the best for them. The medical treatment should not last more than three months, because the continuous exposure of the organs to toxines produces degenerations and secondary changes

medical treatment should not last more than three months, because the continuous exposure of the organs to toxines produces degenerations and secondary changes which do not return to normal long exposed. The earlier the operation is done the surer and prompter the recovery. In the severe cases it becomes necessary after medical treatment to proceed with graduated operations. Ligation of the thyriod arteries which was first emphasized by Kocher. Later Stamm and Jacobson recommended to also ligate the superior pole of the gland, which embraces the vessels, lymphatics, and trophic nerves to the organ. This operation is in every case of exopthalmic goitre, to limit absorption; followed by medical treatment to build up the patient and remove or allow of return to normal the organs which have undergone degeneration, and allowing them to receive full benefit of the operation for 8 to 10 weeks, and then should follow more extensive procedure. It is necessary in ligation to be very careful to close all bleeding vessels, and not handle the gland roughly, these to avoid alarming and dangerous symptoms produced by an increased amount of absorption of toxins .-- (Andre Crotti, Ohio State Medical Journal,

Gillespie calls attention to the most common reasons for delayed progress in breech presentations, and suggests means of meeting these and of obviating their dangers to mother and child. Breech labors slower than those of the vertex. The uterine contractions are inefficient, because the nerves of the cervix and vagina are irritated less than in the vertex, by the presenting part. The membranes rupture more easily because the presenting part does not completely fill the lower uterine segment. If they do not rupture, the fore waters do not expand laterally as in the vertex presentation. Breech labors are liable to more complications by abnormal positions, and less apt to right themselves than are the vertex ones. He cites the difficulties in leg extension, giving the causes that are blameable, and gives suggestions for promptly handling them. His experience inclines him to trust to nature in these presentations, as he is convinced that many children are sacrificed by premature interference. Primiparae present complications more frequently. main difference lying in the fact that the soft parts are less distensible, but many disadvantages are compensated for by the fetus being slightly smaller than in the subsequent ones. Allowing ample time for the breech to be delivered is usu-

ally all that is necessary. Vaginal dilitation. by one or both hands can help materially if operative assistance is ultimately called for. But he calls special attention to the Braun elastic bag. It is superior in his opinion to either Barnes' or De Ribes', or any of their modifications. This bag should be sterilized and introduced into the lower uterine segment, if this is yet unoccupied, and should be distended to snugly fill the space between the presenting part and the cervix. This bag being in place, contractions come on promptly and efficiently. It acts as the normal membranes, but is superior to them. It supports the bulging membranes and they being unable to lengthen, dilate laterally, giving their most powerful action. increases cervical dilitation and prevents. the early rupture of the membranes. In the vagina the bag is distended to the point of tolerance of the patient, as the lateral pressure reflexly stimulates uterine contractions. The increased contractions forcibly dialate the vagina and prevents the descent of the breech until lower uterine segment is fully dilated. This prevents the stripping upwards of the legs. The bag fills and dilates in turn, the vagina and pelvic floor. A T-bandage is used until complete dilitation of the vulva is secured .--- (Wm. Gillespie, Ohio State Medical Journal, June 1911.)

BOOK REVIEW

PRACTICAL CYSTOSCOPY.

Practical Cystoscopy and the Diagnosis of Surgical Diseases of the Kidneys and Urinary Bladder. By Paul M. Pilcher, M. D., Consulting Surgeon to the Eastern Long Island Hospital. Octavo of 398 pages, with 233 illustrations, 29 in colors. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$5.50 net.

The very anatomical arrangement of the urethra and bladder, presents difficulties to exact diagnosis which are gradually being overcome by mechanical appliances. The origination and perfection of the varied types of the cystoscope has opened a virgin field. It is an instrument of precision, and brings the living pathological subjects under the actual vision and observation of the medical man. Aside from its value as an instrument of diagnosis, it is a most valuable therapeutic agent to be added to one's armamentarium. Dr. Pilcher has prepared this work in a manner that is thoroughly practical. has placed on its pages only those things he has observed and tested. Up to the present time this class of practice has been through necessity confined to specialists, versed in the use of these instruments, and familiar with the appearances of these organs in health and disease. However this cannot be urged as an excuse for many years, because Dr. Pilcher has given the profession a very lucid and concise record, the benefit of his experience and knowledge in this work. Any one who follows the outlined technique

cannot fail to obtain results, and with experience will gain proficiency in diagnosis. prognosis, and treatment. The work is methodically arranged; beautifully illustrated, and the color plates are excellent. The instruments are described in detail. and compared. The details of cystoscopy, and the preparations necessary for its practice: the indications and contraindications; the normal findings; and lastly the pathological appearances are treated; and the therapeutic uses for the instrument. It is impossible to give all the valuable information to be had in the review and reading of this book, and one has to read it in its entirety to appreciate the full practicability of the work. It is destined to become a most helpful work to the specialist as well as the general practitioner, and should occupy a position in every medical library.

GOLDEN RULES OF PEDIATRICS.

John Zahorsky, A. B., M. D., Clinical Professor of Pediatrics, Medical Department, Washington University, St. Louis, Missouri. C. V. Mosby Company, St. Louis, Mo., \$2.50.

This is the second edition of doctor Zahorsky's admirable little book of Golden Rules. These short rules are practical and useful and are a ready reminder of the principal points in any given disease. We have commented before on the numbers of the Golden Rules' series and this volume simply adds to our appreciation of the value of such short, concise and practical notes that are ever ready.

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E.D.I.T.O.R.I.A.L

THE EAST LAS VEGAS MEETING.

Before another issue of this Journal reaches its readers the meeting of the New Mexico Medical Society for the year 1911 will have passed into history.

The coming meeting is to be one of great importance. Many questions of interest to the members of the profession will have to be taken up for discussion and decision. Three amendments to the constition are to be voted on and in this connection county societies, if they have not already done so, ought to instruct the delegates as to their vote on these amendments It is proposed in the amendment to section 1, article 9, to change the number of councillors from three to seven in order to give greater opportunity for the individual councillor to visit each county in his district and effect more thorough organization of the profession.

The amendment to section two of the same article is offered in order that the terms of the seven councillors may be properly fixed.

The amendment to section 2 of Article 4 is for the purpose of making membership in the New Mexico Medical Society available to those reputable physicians who are graduates of schools other than the socalled regular schools and yet who are reputable physicians and not practicing nor offering to practice any specific or particular school of medicine. This amendment, if carried, will restore the constitution of the New Mexico Medical Society to the same condition, in so far as that section is concerned, as it originally was

after the adoption of the House of Delegates plan of the American Medical Association.

Another important thing that will come up, or that should come up, will be the report of the legislative committee. While there has been as yet no information given out as to what the legislative committee intends to recommend in the way of suggestions for a practice of medicine act when New Mexico becomes a full-fledged state, it is more than reasonably sure that the report will meet with the fullest discussion for we all recognize the necessity of getting a practice act that will protect the regular physician from the inroads of the many "doctors" who can register in New Mexico and in New Mexico alone. In 1910, according to the State Board Statistics as published in the Journal of the American Medical Association for May 27, 1911, there were 96 registrations in New Mexico. Ninety (90) of these were without written examination or under exemption, (leaving only six who were examined,) but not one of these through reciprocity. From 1906 to 1910 inclusive our Territorial Board examined 62 applicants and rejected 52, yet in 1910 alone, 90 were received without examination and not one of these through reciprocity. These figures show that we need a new law. Arizona, our nearest neighbor on the west in 1910 registered 15 new men, all through examination while none were licensed through reciprocity or on their diploma alone, and from 1906 to 1910 inclusive, the Arizona Board examined 159 applicants and rejected 134 of these. In 1910 Texas registered 341 new men, 162 by examination and 179 through reciprocity. From 1906 to 1910 Texas registered 832 physicians out of 996 examined. These figures speak for themselves.

There are many other questions which will have to be thought over most earnestly and it therefore behooves each man to do his best to be present at the 1911 meeting.

Program of the 1911 Meeting.

The program, as is so far arranged, is as follows:

First Day:

2:30 P. M. Council Meeting,

Commercial Club.

3:30 P. M. Meeting of House of Delegates, Commercial Club.

8:00 P. M. Public meeting as opening session. Addresses of welcome will be delivered by Mayor K. D. Goodall, and Dr. F. T. B. Fest, president of the Las Vegas Medical Society. These will be followed by Dr. J. J. Shuler of Raton in response, after which Dr. Roberts, president of the Normal University, and Dr. R. E. McBride of Las Cruces, will deliver short addresses.

Second Day:

Section on Medicine, .

Commercial Club.

Smoker at Commercial Club in Evening, Short meetings of House of Delegates and Council in forenoon.

Third Day:

Forenoon, Section on Tuberculosis, Commercial Club.

Afternoon, Section on Specialties, Commercial Club.

Evening, Mixed Banquet. Castenada Hotel. Fourth Day:

Section on Surgery,

Commercial Club.

Adjournment.

Remember the dates, September 6, 7, 8 and 9th.

Reservations for banquet must be made not later than September 2nd., \$2.50 per plate. Address requests for reservations to Dr. H. W. Goelitz, East Las Vegas.

The papers as so far promised are as follows:

Section on Medicine:

Oration in Medicine, Dr. C. M. Yater, Roswell, N. M., Chairman of Section.

Hookworm Disease in the Southwest, Dr. J. W. Colbert, Albuquerque, N. M.

Diagnosis of Malignant Disease, Dr. F. De la Vergne, Albuquerque, N. M.

Abscess of Liver, Report of 8 cases, Dr. Walter G. Hope, Albuquerque, N. M.

Feeding in Typhoid, Dr. J. A. Rolls, Santa Fe, N. M.

How to Choose a Doctor, Dr. S. D. Swope, Deming, N. M.

Paper (Title to follow,) Dr. S. L. Burton, Albuquerque, N. M.

Paper (Title to follow,) Dr. H. A. Ingalls, Roswell, N. M.

Paper (Title to follow,) Dr. M. D. Welsh, Pena Blanca, N. M.

Chronic Diarrhoea, Dr. E. C. Prentiss, El Paso, Texas.

Section on Tuberculosis:

Dr. L. S. Peters, Silver City, N. M., Chairman of Section.

President's Address, F. T. B. Fest, East Las Vegas, N. M.

Pneumothorax and Pneumopyothorax Complicating Pulmonary Tuberculosis, Sherman G. Bonney, Denver, Colo.

Public Means in the Prophylaxis of Tuberculosis, J. W. Colbert, Albuquerque, N. M. Immunity in Tuberculosis by Inoculation of living Tubercle Bacilli, Gerald B. Webb, Colorado Springs, Colo.

Diagnostic Use of Tuberculin, Col. G. E. Bushnell, Ft. Bayard, N. M.

Some Points in the Treatment of Tuberculosis, S. G. Sewell, Albuquerque, N. M.

Blood Pressure in Tuberculosis at High Altitude, L. S. Peters and E. S. Bullock, Silver City, N. M.

The Blood in Tuberculosis with some deductions in practical work with the Arnuth count, Dr. Robert Smart, Albuquerque, N. M.

Auto-Inoculation in Pulmonary Tuberculosis, Dr. J. F. McConnell, Colorado Springs, Colo.

The Frequency and Importance of Mixed Infection in Tuberculosis, Dr. R. B. Homan, El Paso, Texas.

Section on Specialties:

Trachoma, Dr. F. E. Tuit, Albuquerque, N. M., Chairman of Section.

Retention Cysts of Cowper's Duets, with Report of 2 cases, Hugh Crouse, El Paso, Texas.

Mastoid Surgery, Dr. E. H. Irvin, El Paso. Texas.

Sub-Mucous Resection of Septum, Dr. L. T. Ritchie, Trinidad, Colo.

The Tonsils, an illustrated talk, Dr. E. H. Carpenter, El Paso, Texas.

Section on Surgery:

Dr. J. F. Colbert, Albuquerque, N. M., Chairman.

Oration in Surgery, Dr. W. W. Spargo, Albuquerque, N. M.

The Operation for Inguidal Hernia, A. W. Morton, San Francisco, Cal.

Paper, (Title to follow) James Vance, El Paso, Texas.

Fest's Operation for the Cure of Eneuresis in the Female, with the report of a case, Dr. E. B. Shaw, East Las Vegas, N. M.

Ruptured Tubal Pregnancy, Dr. J. R. Gilbert, Alamogordo, N. M.

The New Orleans School of Tropical Medicine and Hygiene.

We have received from the Medical Department of the Tulane University of Louisiana the preliminary prospectus of the proposed School of Tropical Medicine and Hygiene which it is intended to inaugurate with the opening of the session in September of this year. With the exception of the Rockefeller Institute there is no systematic effort at present operating for the study or prevention of these diseases so far as this country is concerned and the proposed plan of Tulane is both timely and well advised. There is, perhaps, no other place in the United States where tropical diseases have been at all times numerous enough to warrant the attention of scientific students of medicine and this move on the part of Tulane University will meet with the approval and support of the medical profession of this country. It is proposed to secure an endowment fund of not less than five hundred thousand dollars with an additional fund of fifty thousand dollars to be spent outlight for laboratory epuipment, etc., and to this end subscriptions are asked towards the endowment fund.

Since 1834 New Orleans has occupied a distinct position in the medical education of the United States. For many years New Orleans shared with Philadelphia and New York the distinction of noted teachers and scientists engaged in medical education. Three important medical schools

have been established in New Orleans in that time, all of which are now merged in the Medical Department of Tulane. The temptation is strong on the part of the managing editor to deal exhaustively with the advantages offered by this school—his alma mater,—but space forbids. Suffice it to say that the coming great medical school of this country is destined to be located in the Crescent City where chinical material is ever present and in a

variety not to be found in any other city of our common country.

The past greatness of this institution whose five thousand or more graduates have carried its teachings to every part of the world can find no greater opportunity tor added achievement than in the establishment of its school of tropical medicine, and we heartily commend the proposed plan to the scientific profession of America.

THE DIAGNOSIS OF PELLAGRA

In the July issue of the American Journal of Dermatology and Genito-Urinary Diseases, appears an article under the above title from the pen of Dr. Bevery R. Tucker, of Richmond, Va. We quote that portion of it dealing with the diagnosis of that disease.

"The study of pellagra has led me to believe that the diagnosis, especially in early mild cases, is not as easy as at first thought, that atypical forms are sometimes found, and that some cases run a chronic, recurring course, without being fully developed. In view of the above it is possible that many cases of pellagrago unrecognized as such, the patient's illness and debility being charged to some other condition.

A typical case in the light of our present knowledge can hardly fail to be diagnosed. The symptoms usually begin with nausea, vomiting and diarrhea. Stomatitis proctitis and vaginitis are frequent accompaniments. The cutaneous lesions are occasionally the first to appear, but they are not usually observed until after the manifestation of the gastro-intestinal symptoms. In sixty- six cases, gastro-intestinal symptoms appeared first in fifty and the cutaneous lesions in sixteen. The characteristics of the cutaneous lesions

are, that they are symmetrical, that they always begin on the backs of the hands, and that they frequently extend up the forearms on the extensor surfaces, having a tendency to become annular around the wrists and elbows. Often lesions appear on the forehead, the alae nasi and the cheeks. Sometimes the chin, the back and front of the neck and the dorsum of the feet are involved. These lesions are red and erythematous in appearance at first, the skin quickly becoming rough and dark, often fissuring and sometimes sloughing. Bullæ filled with serum sometimes appear. As the lesions heal, desquamation takes place. Itching or burning may or may not accompany the skin lesions. During the active skin manifestations or sometimes later, nervous and mental symptoms usually appear and consist of insomnia, vertigo, restlessness, depression and sometimes delusions and hallucinations. Areas of anesthesia are frequently found over the skin surfaces and cramps are experienced in the extremities and elsewhere. The knee jerks may be exaggergated, decreased or absent and there may be ataxia with a staggering gait. The eve symptoms are not pathognomonic. Dementia, mania, delirium and suicidal tendencies are, at times, observed. Many cases do

not go insane and those who do, have symptoms not conforming to any regular type of psychosis.

The disease usually appears in

spring or summer, and toss of weight and cachexia, accompanied by rapid phyl and mental deterioration, may talplace and the patients die within a few weeks or a few months. Death occurs during the first two years in fifty per cent. of the cases. In other cases a remission may take place, which usually occurs in the fall and lasts through the winter, the disease returning the following spring or summer. In very few instances remissions have taken place and the disease has

not returned the following year.

Most of the recent papers on pellagra, especially those written in the United States, tend to show that neither the ingestion of maize products nor exposure to the sun has anything to do with the cause of the disease. In the sixty-six cases reported by me, six never ate corn products in any form and ten rarely ate them. Many of these cases were not exposed to the sun and in some of them the skin lesions manifested themselves on the feet while the patients were wearing shoes. The cause of pellagra is unknown. In the writer's opinion it is due to some infective agent gaining entrance through the alimentary canal.

With the above general description of pellagra in mind, we will find many patients who have gastro-intestinal and nervous and mental symptoms, but with no cutaneous lesions. These cases have been designated pellagra sine pellagra, but we cannot make the diagnosis of pellagra without skin manifestations. On the other hand typical cutaneous symptoms and nervous and mental symptoms may exist without diarrhea and we are justified in

making the diagnosis of pellagra, especially if there is stomatitis. In a few cases the diarrhea, nausea and vomiting are inconsequential or absent. Gastro-intestinal and cutaneous symptoms constitute enough to make a positive diagnosis, for the nervous and mental symptoms may not appear until late in the disease or be practically absent. Insomma, however, is almost constantly present.

In mild cases, the alimentary symptoms may consist of a slight looseness of the bowels, mild stomatitis and slight gastric discomfort. The cutaneous symptoms in these cases may be slight redness of the backs of the hands resembling mild sun burn followed by slight desquamation. while the nervous and mental symptoms may be only malaise and moderate insomnia. When the whole syndrome exists, however, even though mild, and especially if the winter remissions have occurred, the diagnosis of pellagra is justifiable. In the writer's experience, atypical skin lesions are either due to secondary infection or misdiagnosis. Syphilitic manifestations are the ones most frequently confused with pellagra. In other instances it is perfectly conceivable that one may have a genuine sunburn with coincidental diarrhea and nervousness, especially in the summer. The history of direct exposure to the sun and the rapid clearing up of symptoms and the absence of roughening of the skin and of mucous membrane involvement should aid us in differentiation. It may not be possible to make a positive diagnosis until the following year, when, if recurrence takes place, especially if there has not been exposure to the sun, we would be justified in diagnosticating pellagra. Laboratory tests of the urine, blood and feces are of no aid in the diagnosis."

TYPHUS FEVER AT EL PASO, TEX.

Acting Asst. Surg. Tappan reports July 5:

Four cases of Typhus Fever with two deaths have been reported at El Paso. The first case was in the person of a physician who had been in charge of a hospital at Juarez, Mexico, where typhus fever was present among federal soldiers. The second case was in the person of a nurse from the hospital at Juarez. The third

case was in a Mexican woman who had washed for the soldiers at the hospital at Juarez. The case terminated fatally. The fourth case, which also ended fatally, was in a boy who is stated to have visited the hospital at Juarez and to have brought back discarded uniforms. There has been no spread of typhus fever at El Paso and the disease is not now present at Juarez.—(Public Health Reports, July 21.)

Committee on Public Policy and Legistion of the New Mexico Medical Society.

Dr. E. B. Shaw, chairman, East Las Vegas
Dr. C. M. YaterRoswell
*Dr. T. B. HartRaton
Dr. J. A. MassieSanta Fe
Dr. T. C. SextonLas Cruces
Dr. G. K. AngleSilver City
Dr. S. G. Von AlmenClovis
Dr. R. J. ThompsonTucumcari
Dr. CowanCarlsbad
Dr. C. J. AmbleManzano
Dr. P. M. SteedDeming
Dr. GarmanyPortales
Dr. J. G. HolmesAlamogordo
The President, ex-officio.
The Secretary, ex-officio.

. The Councillor Districts as arranged by the members of the Council are as follows:

Deceased.

Dona Ana, Luna, Grant, Sierra, Socorro, Valencia and Bernalillo in charge of Councillor S. D. Swope of Deming.

Eddy, Chavez. Otero, Lincoln, Roosevelt, Torrence, Quay, Curry and Guadalupe in charge of Councillor W. T. Joyner of Roswell.

San Juan, Rio Arriba, Taos, Colfax. Union, Mora, San Miguel, Santa Fe and McKinley in charge of Councillor W. R. Tipton of East Las Vegas.

The secretary of the Territorial society desires to call the attention of the county societies to the fact that only two or three of them have so far reported the new officers. Below is a list of the secretaries of the various county societies as they appear on our lists. If corrections are to be made in this list it would be a favor to the secretary of the Territorial society if notification be sent him at once, together with the correct information.

Dona Ana, T. C. Sexton, Las Cruces. Chavez, C. M. Yater ,Roswell.
Santa Fe, J. M. Diaz, Santa Fe.
Luna, S. D. Swope, Deming.
Torrance, C. D. Ottosen, Willard.
Grant, L. S. Peters, Silver City.
Las Vegas, W. E. Kaser, East Las Vegas.

Eddy, E. S. Furay, Lakewood.
Bernalillo, F. E. Tull, Albuquerque.
Quay, R. J. Thompson, Tucumcari.
Colfax, J. L. Hobbs, Gardiner.
Curry, A. L. Dillon, Clovis.
Roosevelt, H. F. Vandever, Elida.
Roosevelt, Wedigel, Society

Otero, J. G. Holmes, Alamogordo,

Pecos Valley District Medical Society, A. L. Dillon, Clovis.

Proposed Amendments to the Constitution.

The following amendments to the constitution are to be voted upon at the next regular meeting of the New Mexico Medical Society:

"Amend Art. 9, Sec. 1 of the constitution by striking out the word "three" and inserting the word 'seven." "Amend Art. 9, Sec. 2, by striking out all that portion of said section referring to terms of councillors and inserting the following: "The terms of councillor shall be for three years. Those first elected serving as follows: Two for one year, two for two years, three for three years, as may be arranged, so after the first election two shall be elected annually for a term of three years,' and each third election three shall be elected for a term of three years."

"Amend Art. 4, Sec. 2 of the constitution by striking out all that portion of Sec. 2 down to and including the word 'territory' and substituting therefor as follows: "The members of this society shall be of good moral and professional character, graduates of a reputable medical college, and licensed practitioners of the territory."

In the advertising pages will be found

the announcement of the First Annual Clinic Week by the Kansas City Hospital Staffs. These Clinics are to be held during the time of the Pallas Festival during the week of October 3rd., to 10th., and are to be free.

Read the announcement carefully and make it a point to include Kansas City on your vacation if it comes about that time.

The Valencia County Medical Society was organized by Dr. S. D. Swope of Deming, Councillor for that district, in the early part of August. Dr. S. L. Wilkinson, of Belen is the secretary.

Dr. Swope also visited Las Cruces on the same trip and had a most entertaining meeting with the physicians of Dona Ana County. Dr. Swope has made a good councillor and has visited most of the counties in his district during the past year. In another column we give an account of his visit to the Grant County Medical Society.



PELLAGRA AND TRANSFUSION

By John B. Thomas, M. D., Midland, Texas

Pellagra, until a few years ago almost unknown in this country, has fast come to be one of the common diseases, especially in the south, with which the physician has to deal.

Pellagra was described by Gasper Casal in 1750, and since then has been found to be prevalent in many countries. In 1905 there were about 100,000 cases in Italy alone, and 3,000 of these in lunatic asylums.

No cases were reported in this coutry antil 1907; although in 1902 a Dr. H. F. Harris reported to the Georgia Medical Association a case with pellegrinous symptoms, and called attention to the possibility of the disease being present in Georgia.

One of the first cases reported in this country was by Dr. T. C. Merrill, of our neighboring city, Colorado, Texas, in September, 1907. In July of the same year, however, an epidemic had been reported by Dr. George H. Searcy at Mount Vernon Hospital for the (col) Insane in Alabama; and I will say in this connection that the mortality in this epidemic was sivty-four per cent.

Since these reports, sporadic cases and even epidemics, have been reported from almost every section of the country, though somewhat more prevalent in the southern Atlantic states.

It is estimated that there are now in the United States about 6,000 cases recognized as pellagra; and, in Texas alone, there are more than 100 cases recognized

as pellagra, with 26 deaths reported for June.

AETIOLOGY

An eminent investigator, in recent literature, states that the real cause of the malady appears today to be as remote as at any time in the past. There is so much confusion regarding the actiology that I shall only mention here briefly, the more important theories which have been advanced:

- 1. The oldest and most universal belief is that there is some distinct relation between the use of corn as food and the development of the disease. It has been well stated that this opinion, though built on purely circumstantial evidence, is too profound and deep-rooted to permit of rejection, except in the case of demonstrative proof to the contrary. What this exact relationship is has not been determined conclusively.
- 2. Samoon suggested that the cause of pellagra might be protozoan, and there are yet strong adherents of this view. Highly beneficial results in the treatment of pellagra by atoxyl and arsenious acid have been reported, and as a result of this therapeutic discovery great stress is laid on the probable correctness of this hypothesis of Sambon, as the almost specific therapeutic action of arsenical preparations on certain protozoan diseases is well known. Thus the analogy suggests a similar actiology.
- 3. Savage, in the Boston Medical and Surgical Journal, November, 1909, ad-

vances the opinion that pellagra is a degenerative nerve disease.

- Long believes that amoebas in the stools have a definite relation to pellagra.
- 5. Dr. Louis W. Sambon, mentioned already, lecturer on tropical medicine at the Liverpool School of Tropical Medicine and a research student of recognized ability, who was detailed for three months in 1910 in Italy, where he studied pellagra, has advanced the new theory, that pellagra is an infection, and has been found to be transmitted in the bite of certain species of fly, and thus it is in the class of diseases of insect conveyance. In this connection I will state that in this country the chief species of this family of flies are the black fly, the great biter of the northern woods; and our own, southern buffalo gnat.

There are strong arguments in favor of this theory, and it has many prominent supporters, but the supreme criticism of the theory, it has been suggested, lies in the fact that the parasite has not yet been discovered, and this discovery is necessary to complete the theory.

In reviewing these various and conflicting theories it is apparent that at the present time it is imposible to arrive at a definite conclusion as to the distincactiology of the disease.

Hyde, Lavinder and Griffin do not believe that pellagra is communicable and this view is generally accepted. In the literature available Tucker, of Richmond Ve.; was unable to find where any physician, nurse or attendant has ever contracted the disease outside or inside of an institution from having attended patients with pellagra.

Auld, in the New York Medical Journal, December, 1909, attributes the disease to a magnesium infiltration from the ingestion of maize. In 1871 Lombroso announ ced that pellagra was an intoxication, not an infection, caused by the ingestion of certain toxic substances which were elaborated in the damaged maize or corn. To this current and most popular explanation, from a study of the literature and from my own meager clinical observation, I, am strongly inclined to adhere.

The mortality in this country according to the limited reports from numerous, scources, too frequently based upon a number of cases, however, so small as to be unreliable for accurate information, is known to be high, in some instances appalling. It probably ranges between forty and ninety per cent.

TREATMENT

As a consequence of the indefinite actioligy the treatment has been and is now as varied and unreliable as are the explanations of its development. While reviewing the literature one is impressed with the hopelessness of the treatment; and from this study and my own small experience it is my opinion that at the present time in transfusion lies the greatest hope for the pellagrin.

I have had a more or less intimate. knowledge of four cases of pellagra; two of which I never saw, personally, but regarding these I had sufficient reliable information upon which to base a positive diagnosis. These two patients, the first to occur in our locality, have already succumbed to the disease. The other two cases were reported in the September, 1910, issue of the Texas State Journal of Medicine. One of these cases I saw in consultation. This case was well developed, in fact far advanced and exhibiting all the classic symptoms of the disease; and soon after coming under my observation was taken to Oklahoma where there were two brothers, physicians, and since then I have

had no further information regarding the

The fourth case occurred in my own practice, developing in April or May. 1910; a girl sixteen years of age, and previously in vigorous health. The skin involvment. the first indication of the disease, in the beginning confined to the back of the hands, the neck and elbows, later spread to about all exposed parts of the body. The bowel disturbance was dysenteric, and the nervous symptoms, melancholia and depression, were well marked. Under arsenical medication there was for a brief interval some slight improvement, which proved to be only transitory, and her condition grew progressively worse. treatment was soon abandoned on account of distressing irritability of the stomach. This patient was transfused on October the twelfth, 1910, by the direct method, using the Brewer apparatus. At the time of transfusion the patient was extremely emaciated, having lost since the inception the disease about thirty pounds. Scarcely any food whatever was being retained, and there were from five to eight bowel movements daily. There was great weakness and troublesome insomnia. The skin was dry and scaling. After the transfusion the patient improved continuously and with astonishing rapidity. Within a few weeks the skin had entirely cleared up. and the complexion had resumed its normal appearance. Within three months her former weight had been regained, and there were only one to three bowel actions daily. The nervous symptoms had practically disappeared, there was no insomnia and she was cheerful and full of hope. She had good strength and was apparently cured.

This patient received probably about three pints of blood, judging from the effect of the transfusion on the donor.

much was the quantity that the latter, an adult sister in vigorous health, was unconscious for more than an hour from the loss of blood.

Cocaine was the anesthetic employed; the time of transfusion was eight minutes, the blood vessels used were the radial artcry and the basilic vein.

Nine months have now elapsed, and this patient continues in splendid health. The spring months were passed without any sign of recurrence, and the patient is now regarded as having completely recovered.

TRANSFUSION

In Criles' work on transfusion it is stated, that after a careful study of all the literature available it has been found impossible to say with certainty when or where the idea first originated of transferring blood from an animal or person to the veins of a person suffering from the loss of blood or affleted with disease. In ancient Egyptian history frequent mention is made of the custom, and it is clearly referred to in a treatise of that time on anatomy.

Probably the earliest authenic case on record is that of Pope Innocent VIII, who was operated in April, 1492. Quoting from Villari's Life of Savonarola, "The vital powers of Innocent VIII rapidly gave way; he had for some time fallen into a kind of somnolency, which was sometimes so profound that the whole court believed him to be dead. All means to awaken the exhausted vitality had been resorted to in vain, when a Jew doctor proposed to do so by transfusion. by a new instrument, of the blood of a young person—an experiement which had hitherto only been made in animals. Accordingly, the blood of the decrepit old pontiff was passed into the veins of a youth, whose blood was transferred nto those of the old man. The experiment was tried three times, and at the cost of the lives of three boys, probably from air getting into the veins, but without any effect to save that of the Pope." And incidentally, this case, besides being the first authenic one, is the first in which death was ascribed to air embolism.

In 1615 transfusion is accurately described by Libavius without there being any evidence that he practiced it.

In 1628 Giovanni Colle, of Padua, in speaking of foods and medicines which would be likely to prolong life, mentions transfusion as a means of doing so.

Francesco Folli gave a reading before Ferdinand II of Tuscany, in which his intention of performing transfusion was stated, and in 1652 he wrote the following: "I have read William Harvey's book, which treats of the movement of the heart and of the blood. This reading, with some idea I had on the grafting of plants, gave rise in my mind to this third problem, that, the circulation of the blood existing, it would be possible to perform transfusion, by means of which one could not only cure but rejuvenate and make robust." (Translated from Ore'.)

Harvey's discovery of the circulation of the blood stimulated research, first-on animals and then man, until by the middle of the seventeenth century transfusion had an established place in surgery.

In the philosopher's journal, in January 1667, there appeared an article by Richard Lower in which we have the first complete detailed account of the method of performing transfusion.

In the same year, Deny's of Montpelier, wrote concerning experiments, which he performed after Lower's method, with success, on both animals and patients.

It has been stated that "while transfusion had its advocates, it also had its

opponents, and among the most powerful were the Faculty of Medicine of Paris, who did not recognize Harvey's discovery of the circulation of the blood, and who opposed any progress being made in medicine. As a result of this opposition, in 1068 a court decree was issued which had the effect of discouraging transfusion, and it was almost forgotten by all but a few observers until late in the nineteenth century." (Crile).

In 1683, at Frankfort-on-the-Oder, the surgeons Kaufman and Purman are said to have cured a leper by transfusing into his veins blood from a lamb. (Ore').

In 1682 Ettenmuller of Leipsic, recommended transfusion in fevers, scurzey and Hypochondriasis.

In 1714 Nuck gave this history of transfusion in his book entitled "Operationes et Experimenta Chirurgica," saying that it should not be forbidden in desperate cases, etc. He did not approve of using the blood of animals in transfusing to man.

In 1783 Michel Rosa, made some experiments, and apparently proved (1) that the vessels of a normal living animal can receive more blood than they contain without being filled; (2) that the transfusion of the blood of an animal of another species can be performed without danger to life, and (3) that the reanimation of an exsanguinated animal can be accomplished by the introduction of arterial blood from an animal of another species. ("Leggre fisiologiche," Naples, 1783).

As early as 1792, in Cambridge, Harwood reanimated an exsanguinated dog lefore an audience.

In 1796 Darwin extolled the transfusion of the blood of man, sheep or donkey, in putrid fever, etc., or in cases where there were obstacles to the proper nutrition of the patients due to any cause.

It has been said that, "a new era was signalized by the work of Blundell in Eng-After witnessing the death of a woman from uterine hemorrhage, he ame to the conclusion that her life might have been saved by transfusion. As it would have been difficult from the circumstances of the case to have employed the ordinarily used immediate method, he thought that in a similar case the blood could be injected from a syringe. Fearing, however, that the blood would be changed by coming in contact with the interior of the syringe, he performed experiments on dogs for the purpose of investigating this point. These experiments revealed the fact, according to Blundell's conclusions, that the use of the syringe did not affect the blood. He also came to the conclusion that air in not too large amount injected into the veins caused no serious trouble. He noted the fact, too, that a much less amount of blood was necessary to reanimate a bled dog than the amount of blood lost by the dog." (Crile.)

Thus it may be seen that transfusion is no new procedure, but until recently it was believed to be fraught with so many dangers, particularly that of hematolysis, that it was rarely employed, and consequently of little practical importance, and only attempted in the direst emergencies. But now, and largely due to the classic work of Carrel and Guthrie, it is coming into general use, and is pregnant with promise of brilliant achievements.

Coming directly to the question of transfusion in Pellagra, it is a pleasure to mention the work of Drs. Cole and Winthrop, of Mobile, Alabama, who have employed this agency in the treatment of this disease in cases resisting other methods of treatment, since August 4, 1908. Recently they reported, in the A. M. A. Journal, a series of twenty cases, transfused, with a mortality of only 40 per cent, which compares most favorably with the mortality, 86 to 90 per cent, in the same type of cases in which other therapeutic measures are employed.

Of all the cases, everywhere, transfused for pellagra, and reported, about fifty per cent have apparently completely rec · · ed.

Regarding the technic of transfusion, it might be of interest to add in this connection that Dr. George W. Crile, of Cleveland. Ohio, who is one of the foremost authorities on this subject, states in a recent work that "The Suture method of direct transfusion was employed in all the early experimental and clinical work, but it was found that a special cannula and method of using it took less time. In the latter work the cannula has come to supercede the suture for making all temporary anastomoses."

Transfusion is now known to be of tremendous value in a variety of severe and apparently hopeless cases, but its successful employment necessarily demands appreciation of its dangers and an intimate knowledge of its technic.

GANGRENE OF GALL BLADDER== REPORT OF CASES

By Hugh Crouse, M. D., El Paso, Texas.

The apparent rarity of gangrenous cholecystitis, partial or complete, is sufficient cause for reporting every case. Osler, in discussing the paucity of reported cases of phlegmonous cholecystitis, suggested that many cases are overlooked, or, if not overlooked, remain unreported. There is another reason for discussing this subject, in addition to the interest of reporting rare cases, and that is the liability of simple acute cholecystitis to occur without distinct symptoms pointing to the organ involved; and further, that in acute cholecystitis only three transitional stages need occur, to advance from a simple acute inflammation to a gangrenous state, viz., acute, suppurative and phlegmonous cholecystitis.

The etiology of gangrenous cholecystitis may be classed under three heads: Thrombi of the nutrient vessels, bacterial infection of the gall bladder proper, and absence of drainage through obstruction of the cystic duct, with resulting tension. In thrombi of the nutrient vessels of the gall bladder, distant, varied septic infections of other organs may be transmitted to it through the blood stream. Under bacterial infection of the gall bladder proper should be listed typhoidal, influenzal, pneumococci, variola and bacilli coli commune. Under obstruction of the cystic duct should be placed first, stones located in cystic duct; second, pressure effects of enlarged lymphatic glands in the cystic-hepatic duct triangle; third, hyperemia of the spiral folds of the cystic duct mucosa; fourth, hyperplasia of the cystic duct mucosa subsequent to long existing inflammation. As to the symptoms of gangrenous cholecystititis. in the partial type in which perforation has occurred, one need only add diffuse peritonitis to the history of marked acute cholecystitis. Local manifestations of the latter are inflammation in the region of the gall bladder, pain, tenderness, and increased resistance of the overlying rectus abdominalis muscle (Rolleston, 24). The past history is of marked value in clearing the clinical picture, when it covers the points of chronic gastric trouble, conpled with attacks of sudden acute pains in the right upper quadrant of the abdomen, the attacks varying as to length and severity. Another symptom, which aids in the diagnosis of acute, simple infection of this organ, is localized tenderness, more intense over the region of the gall bladder, at the junction of the upper two-thirds with the lower \frac{1}{3} of a line drawn from the ninth rib to umbilicus, (Mayo Robson 23, Rolleston 24.) Another symptom, claimed to be present in 92 per cent of cases of acute gall bladder troubles, is the cutting short of inspiration, when the hand is hooked under the right costal margin, (Murphy, 17). Ability is doubtful to clinically separate acute cholecystitis from suppurative, suppurative from phlegmonous, or phlegmonous, from gangrenous cholecystitis, as no fast and fixed

clinical points exist for such a differen-In the latter three types of inflammation of the gall bladder, pain is nearly always sudden in onset, constant and severe, is usually felt in the right hypochondrium, yet may be referred to the right iliac region and simulate appendicitis. There is a rapid, feeble pulse with fever; rapid thoracte respiration; persistent nausea or vomiting; the body surfaces are usually cold, clammy and covered with perspiration, and sometimes there is a rigor. These symptoms may be so severe as to produce collapse with great prostration (see personal case No. 2.) Differentiation of fulminating appendicitis from gangrenous cholecystitis is only too frequently exceedingly difficult. Ransohoff (19) noticed and mentioned a decidedly good point in diagnosing the source of a general peritonitis, calling attention to the gall bladder as the seat of trouble, viz., localized jaundice of the umbilicus, occurring subsequent to duct or gall bladder perforation. He mentions this sign in citing a case of rupture of the common duct, stating that "The jaundice is doubtless purely the result of imbiba-It makes itself manifest first in tion. integument of the navel, because this part is thinner than the rest of the abdminal wall. It is possible, of course, by reason of the anatomical relation of the round ligament of the liver to the transverse fissure, that there is a retrograde flow of bile through the lymphatics toward the navel, just as the caput medusae is produced in cirrhosis." Jaundice is seldom present in gangrenous cholecystitis. Leucocytosis is marked, cases are on record of the count being as high as 37,600, (Gibbon, 9). Either suppurative, phlegmonous or gangrenous cholecystitis

should be considered when there is a high leucocyte count, a history of sudden acute pain in the line of Robson, signs of severe illness shown in skin and by prostration, with clinical evidence of an existing or developing peritonitis, localized or diffuse, and a past history pointing to gall bladder trouble. Should Ransohoff's sign exist, we should consider well the liability of perforation of the gall bladder or one of its ducts as a probable cause of a peritonitis, difficult to decide as to its etiology.

The prognosis of gangrenous cholecystitis is always bad, it being a fulminating form of inflammation, and but rarely is the diseased structure protected by plastic exudates. In consequence, a violent peritonitis in a region notoriously nonresistant, leads to a rapidly fatal termination of the case. The summary of cases in literature, including personal cases, is of whom 22 died, 15 recovered, a mortality of 65 per cent. There is only one form of treatment, and that is surgical. As to the technique to adopt, that should vary with the type of the disease, whether a partial or complete gangrene exists. If the former, unless contraindicated by the condition of the patient, a cholecystectomy should be done, accompanied by Blake's method of abdominal lavage, drainage of the gall bladder site, and stab wound draining of each renal fossae and the pelvic cavity. Postoperative care: Patient in Fowler's position, interrupted proctoclysis 8 ounces and intravenous use of peristaltic hormones and hypodermatic stimulation. complete gangrene exist, the gall bladder area should be thoroughly walled off with gauze, and the cystic duct clamped with a curved tipped forcep. This method provides a rapid technique, and meets the exigency of the case, so far as thorough drainage and exclusion of the diseased organ is concerned. Post-operative care should be suggested in handling a partially gangrenous condition where perforation has occurred.

The first recorded case of gangrene of the gall bladder was reported by Dr. L. W. Hotchkiss (11) in 1894, and only a few cases have been recorded since that date. In a series of 433 operations upon the gall bladder and ducts, performed by W. J. and C. H. Mayo, up to June, 1902, only one case of gangrenous cholecystitis was reported. Robson (23) reports cases of his own and refers to one other. Czerny (3) describes two cases, due to paction of a stone in the cystic duct; both patients were operated on, one successfully. Czerny ascribes the gangrene to pressure on the cystic artery, which is practically an end artery, except for its very insignificant anastomosis along the attached surface of the gail bladder. In both Czerny's cases the symptoms were those of intestinal obstruction. The gangrene was limited to the mucosa of the gall bladder. Hotchkiss (11), found a gangrenous gall bladder by operation 24 hours after onset of symptoms; a large stone was found impacted in the cystic duct; no cultures were made; the patient died. Ferguson reports a case of gangrene, in which operation was performed on the 13th day; many stones were found; the contents of the gall bladder were sterile; five weeks after operation most of the gall bladder sloughed off through the fistula. Richardson (20) records two cases, both of which died. Ransohoff (19) reports one case; no stones or biliary sand; cystotomy only; patient recovered. Da Costa (6) reports one case of undoubted partial gangrene; calculus was found pro-

jecting through a hole in the wall of the gall bladder. Williams (28) reports one case, stone located in cystic duct; gangrene of fundus; perforation; partial cholecystectomy; patient recovered. Sutton (2) illustrated a case of gangrenous cholecystitis in a man aged 58 who died after an illness of 10 days; no operation, post only. The report of this case states: "In this instance the whole of the mucous membrane was found lying as a slough in the gall bladder. There were two perforations in the wall of the gall bladder, one opening in to the transverse colon and the other into the general peritoneal cavity....The pancreas contained several small abscesses." Fowler (7) reports, among others, two cases of gangrene of the gall bladder with impending perforation, and one case of gangrene that resulted in perforation. This writer says: "As a result of suppurative cholecystitis a gangrenous process may involve the entire mucous membrane of the gall bladder, while the fibrous structures are involved in the gangrenous process at one point only. At this point perforation may occur." His case of gangrene recovered; gall bladder resected in part, area surrounded with iodoform gauze. Moynihan (16) reports one personal case: perforation in malignant condition of gall bladder; patient died; three small stones found at post. The same author also describes a case of gangrene and rupture of the gall bladder, reported to him by another physician. The patient, aged 55, with a history of gall stones, showed a distended and tender abdomen, and four days before operation had been seized with severe pain, especially above the navel, followed by collapse, but there was no vomiting and the pulse was good. Upon opening the abdomen by the usual gail bladder incision, a large amount of bite escaped, while the gall bladder, which contained gall stones, was found to be gangrenous and ruptured. This was enucleated from extensive surrounding adhesions and away, the neck being clamped. There were two perforations in the gaff bladder, the mucous lining was entirely gangrenous, and about twenty spots of gangrene were scattered over the surface of the peritoneum. Rolleston (24) records one case of phlegmonous cholecystititis, in a woman aged 63, one large encysted cystic stone; gall bladder perforated; patient died. Operated upon for incarcerated umbilical hemia; gangrenous gall bladder found at Monier-Williams and Sheild (15) report one case of perforation, stone present. Meriwether (14) reports one case, a distinct partial gangrene, and mentions a second case of perforation of the gall First case operated upon successfully; second case died. The Ransohoff sign was present in both these cases. The author states that in reviewing a series of 2135 operations for gall bladder disease, he found 87 cases of perforation and 31 cases of rupture. In the perforation cases the mortality was 24 per cent in the tranmatic rupture cases 37 per cent. McLaren (13) in reporting 10 cases of perforation of the gall bladder, cites one of gangrenous perforation, that not only involved the gall bladder, but the quadrate lobe as well. Patient died. Tate (27) reports one case; woman aged 53, appearance like that of a malignant cachexia, slightly jaundiced, very thin, had suffered with constipation, now had a septic diarrinea; temperature 101, pulse 130; abdomen opened revealed a matted condition of the intestines, a'dhesions numerous, all land marks utterly destroyed; separating adhesions over gall bladder region, came

upon a number of little pockets of pus and a black mass, which upon being gently liberated, proved to be the gall bladder. Area drained, patient recovered.

Nehrkorn (18) reports the case of a woman, 74 years old, who had severe pain in the right side of the abdomen and back. constipation and vomiting; the abdomen was somewhat swollen, and on palpation, there was considerable resistance and severe pain in the region of the gall bladder. An operation was performed; the bladder showed many adhesions to intestinal wall, and also to the liver; the walls were dark brown and gangrenous, fluid evacuated was a dark brownish red containing many cholesterm crystals. After the adhesions were broken up, the gall bladder was shown to hang free on a pedicle, and the pedicle was twisted completely on itself; after ligation at the ductus evsticus the gall bladder was removed. Result of operation not stated. Further examination of the gall bladder showed that the walls were necrotic, toward the head, very thin and brittle, toward the pedicle, thicker and heavier, but everywhere bloodless and of a dark color.

Friedrich (8) reports the case of a woman, 51 years old, for several years had had severe attacks of colic under the right costal arch, jaundice once, two years before present illness had passed several gall stones. In the present illness the pain was at the usual site, but unusually severe; there were two attacks of this colic, three days apart; in the second attack, the patient collapsed, became cyanotic, and was hurried to the hospital for operation. The abdomen was very fleshy, but inflated with gas; from right costal arch downward, dullness and resistance on palpation; marked sensitiveness to pressure.

On operation a greyish-green exudate came from the region of the right costal arch, in which there was undoubtedly a mixture of gall. The gall bladder was easily exposed, which was entirely of a grevish-black color, with walls completely gangrenous, in which only small strips of vascular tissue still remained; it contained pus and gall. On examination, the walls were only 2 - 3 mm. thick, showing complete gangrene, but there was no perforation visible. No stones were found either in the gall bladder or its duct. The wound was dressed and the patient recovered. The author consideres the cause in this case somewhat obscure, but from the previous history of the case, believes it to be due to a previous attack of cholelithiasis (the gall stones passing in the faeces), resulting in an infectious cholecystitis, the drainage being interferred with by cicatrization of the duct. While, as noted, there was no visible perforation, the gall overflowed into the neighboring region through microscopic perforations, increasing the irritation.

Hartig (10) in reporting 7 cases of perforation of the gall bladder, classifies 4 of them as either gangrenous in spots or containing a gangrenous mucosa, the latter partly detached:

Case No. 1. Male, 62 years old. For a year and a half, pain in the right side of the abdomen, not severe, until present attack when it became very severe. Examination showed dulness and rigidity on the right side, with extreme tenderness directly above the right Poupart's ligament; abdomen somewhat distended. Diagnosis of appendicitis made. At operation, a bloody serous fluid was found in the abdominal cavity, the appendix appeared entirely normal; on washing out the abdomen, the fluid contained showed a green color, and in-

dicated the presence of bile. When the gall bladder was exposed a large quantity of bile was found in the region; the gall bladder was filled with stones. In the region of the ductus cysticus a large stone was found a gangrenous spot and a perforation. The gall bladder was drained, but not removed. The patient recovered.

Case N. 2. Female, 53 years old. The attack began suddenly with pain and vomiting. When brought to operation, the abdomen was distended, and especially painful in the region of the appendix. The gall bladder was also painful. When the abdomen was opened, considerable serous fluid and bile escaped. Appendix healthy. Considerable quantities of free bile were found; the gall bladder was perforated at the fundus, and seemed somewhat gangrenous in the vicinity of the perforation. Three gall stones were found. The walls of the gall bladder were thickened. Choleeystotomy and drainage. Patient died. The author considers that the operation was performed too late.

Case No. 3. A boy, 5 3-4 years old. For three weeks had vomited frequently, at time of examination the abdomen was tense from the liver to the flexure of the groin; muscular rigidity. An operation, slight inflammation of the intestines, and inflammation of the appendix. The latter was removed. The gall bladder was exposed; it was dark red, as large as a hen's egg; at the pole, several greenish, black spots; the gall bladder when opened contained a dark, somewhat thickened fluid: the wall was 2 mm. thick. No stone was found in the gall bladder, but one was taken fom the neck. The gall bladder was not removed, but cholecystotomy performed and drainage established. The child recovered.

Case No. 4. Male, 63 years old. At-

tack began with pain in the abdomen and vomiting. On examination, pulse 100; the right side of abdomen very painful; patient diabetic. Case diagnosed as appendicitis. On operation, the appendix was normal, but gall bladder enlarged and inflamed. On opening the gall bladder, a dark brownish membrane covered the surface, which was loosened in places from the wall; gangrene of the entire mucosa. A stone was found in the duct. Cholecystostomy. Death.

Personal cases. Case No. 1. R. W., aet. 38; ranchman's wife, Arizona; seen July 10, 1909, in consultation with Dr. Gallagher; patient, small, frail woman; gave a history of no distinct gastric trouble or a past leading one to suspect gall bladder involvement; stated that four days before she had been taken with a sharp pain in abdomen, tocation of pain not definite; vomited; severely prostrated, pain in abdomen soon general, finally pelvic had been transported 40 miles by wagon over mountains, by train 250 miles; vomiting persistent. Examination: Temperature, 100 4-5 F., pulse rapid and irregular; lungs clear; heart, negative; abdomen, lower half markedly distended and tender; uterus and adnexal findings negative; seeming fluids in cul de sac; obstipation; face pinched; skin cold. Persistent questioning elicited no definite symptoms pointing to any distinct organ; perforated appendix decided upon as probable cause of peritonitis; abdomen opened in median line below navel, under nitrous ovide and oxygen anesthesia. The moment the peritoneum was incised, pure bile gushed from the wound; patient collapsed. hurried from table when stimulation failed. Diagnosed, gall ways perforated. Patient died in few hours. Post: Specimen shown in Cut No. 1 found; two perforations present, one large, one small; single stone in cystic duct.

Case No. 2. Mrs. B., aet. 48; ranchman's wife; large fleshy woman; was brought to me by Dr. O. C. West, of San Pedro, Chihuahua, Mexico, for surgical intervention, May 25, 1909; patient had history of pelvic trouble, dating back many years. For three months had been bedfast, with all the classical signs of pelvic peritonitis, varying as to degree from time to time. Examination showed chest findings negative; abdomen markedly distended, lower half board-like; seeming mass across each iliac area; temperature, 100 2-5; pulse, 84; diagnosis, pus tubes, pelvic pertitonitis. Operated two days later, found dense adhesions in pelvis; one tube ruptured, free pus; right tube massed with appendix; removed tubes and appendix. Before closing abdomen was informed that patient had had gall symptoms for years, and had passed stones; protected infected area, changed gloves, investigated gall bladder intraabdominally, and found it full of stones. Anesthetiser advised against further surgical intervention, patient's pulse 150; on table one and one-half hours; cul de sac and median line cigarette drains inserted, wound rapidly closed; patient returned to bed in fair condition only; rather stormy subsequent five days, then rapid recovery. Intention of secondary gall bladder operation when convalescence had advanced sufficiently for safe intervention. Bedside notes show patient sitting up on 17th day, condition fine; requested leave to go home and promised prompt return for second operation. June 14th, 12 a.m. temperature and pulse normal, patient sitting up; 4.20 p. m. taken with a ciolent pain in region of gall bladder; aspirin 5 gr. by mouth; 5 p. m. temperature 98 deg., pulse



CASE NO. I.



CASE NO. II.



CASE NO. III.

Gangrene of Gall Bladder

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84, pain worse; chloroform M15 by mouth; codein 1-4 gr. by hypo; 7 p. m. morphine 1-4 gr., atropine 1-150; 8 p. m., temperature 98.4, pulse 88; morphine, 1-8 gr., patient vomiting; 9.30 p. m., resting much easier; 11:30 p. m. temperature 99, pulse 110, vomited; June 15th, I a. m., temperature, 99 2-5, pulse 120, vomited repeatedly; 11:20 a. m., temperature 101 3-5, pulse 120, slept most of morning, vomited now and then. Advised operation, refused. 3.15 p. m. temperature 102, pulse 118, saline enema returns clear, small amount of flatus, vomiting frequently; 8 p. m., 2 CC pills retained; slept some during night. June 16th, 5.45 a.m. temperature 100, pulse 100; 8.20, bowels moved; 10.30 temperature 100, pulse 120, bowels moved several times, complains of aching in limbs and back; 8 p. m. consents to operation in morning if not better. Surgically prepared; temperature 100 3-5, pulse 120, bowels moved several times during night. June 17th, 5 a. m. patient very weak, pulse irregular, rapid, temperature 100; 8 a. m. abdomen opened, and specimen No. 2 found no adhesions about gall bladder, organ black and necrotic, free pus in area of gall bladder; region rapidly walled off with gauze, gall bladder quickly removed, stump clamped, gauze, cigarette drains. Despite saline infusion, hypodermatic stimulation, patient died 5 p. m. This case was lost by delay, patient's chances being neutralized by refusing intervention at time of early gall bladder symptoms. The false improvement the evening before was but a treacherous lull, caused by intense systemic invasion of the infection.

Case No. 3. Mrs. M. M. age 44, native of Ireland; was seen July 3rd, 1911, in consultation with Dr. H. T. Safford: patient was rather slender woman, mother of 9 children; complained of pain in the

right hypochondrium; had become ill two days previously with a hard pressing pain in the region of the stomach, one hour after breakfast on July 1st; had taken one grain of calomel and vomited it; no temperature; had repeated the calomel three grains; had two bowel movements that day; July 2nd, patient took Epsom salts, drachms 1, 5 doses, one hour apart; pain still continued with vomiting. The evening of July 2nd Dr. Safford was called, found patient free from temperature, pulse 84, heart and lungs normal, cystic-like tumor in the right hypochondrium, lower border of same slightly above the navel, tumor tender on pressure, easily palpable, patient still vomiting at times; diagnosed probable growth in gall bladder; corrected diet, gave small doses intestinal antise tie. Dr. Safford saw her again on July 3d, at 11 a.m., found the patient still vomiting, temperature 100, tumor then below navel; diagnosed as hydrops of the gall bladder. The author was called in consultation at 3 p. m. and confirmed Dr. Safford's diagnosis, but on account of the persistence of temperature, etc., and intense distension of tumor, apprehended a gangrenous condition probably commencing. Family history of patient: Father died of throat affection, aged 62; mother died of old age, aged 84; has 4 sisters and 4 brothers all living and in good health. married when she was 23; has had 9 children, S of whom are living, no history of typhoid, smallpox or any other infectious fever; had had a diagnosis of fibroid tumor 13 years before; had had irregular attacks of biliousness for 20 years, bilious attacks occurring as often as every two weels for two or three attacks; then would cease for 5 or 6 months; attacks usually came on awaking in the morning. accompanied by severe headaches, sometimes followed by vomiting and diarrhoea; at such times patient was always confined to bed for one or two days. Had not had an attack since March, 1911. Patient operated on at 8 p. m. July 3d, 1911. On opening the abdomen a purplish-black, tense tumor presented itself in field; anatomical connections showed it to be the gall bladder; walled off the field well, aspirated gall bladder, then owing to thickened half necrotic walls and size of same. stripped the gall bladder rapidly from liver, from above down, clamped cystic duct between two curved tipped forceps, applied acid carbolic and alcohol to stump, ligated same, split drainage tube stump, carefully walled off area gauze, partially closed wound. Specimen contained four bean-sized stones, three in cystic duct. Gall bladder partially gangrenous, just commencing to necrose. Patient recovered.

There are a few salient points to be gleaned from the reported cases of this subject matter:

Ist. That a careful comparative study of the author's case histories of patients operated upon for appendicitis and various gall bladder troubles, in 43 gall bladder operations shows 3 cases of gangrenous involvement of the gall bladder, a proportion of a fraction over 1 in every 14 cases. In the usual run of appendectomies in my personal work, the proportion of gangrenous appendix veriform cases has been a fraction over 1 in every 18 cases. This variance between gangrenous involvement of the gall bladder and appendix leads to point No. 2.

2nd. That should the same uniform operative advice be given by the general practitioner and surgeon to patients suffering with diagnosticable gall bladder troubles as is given by the same men to

patients suffering with appendiceal troubles, the ratio of gaugeenous troubles in either organ, in comparison to simple inflammatory involvement, would only differ to the degree of anatomical difference between the two organs.

3d. The conclusions reached from the summary of cases collected in this paper leads one to doubt the wisdom of ever failing to urge immediate or interval operative intrevention in distinct gall bladder troubles.

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SIGNIFICANCE AND MANAGEMENT OF HEMORRHAGE FROM THE NOSE

Read by Dr. Manrice Friedman of Carlsbad, N. M. before the Pecos Valley Medical Association at Roswell, N. M., April 25, 1911.

Any one who has had occasion to attend a severe case of hemorrhage from the nose, will not have to tax his memory to recall what a busy time he had in trying to stop the bleeding, to say nothing of the worry he had to endure. Although more rarely than in the case of bleeding from tags or stomach, epistaxis occasionally proves fatal. Fortunately, most cases are capable of being managed fairly easily, and since intelligent management varies somewhat in different cases it is my purpose to go into some detail respecting the various causes which may induce this condition.

The nose is peculiarly adapted for hemorrhage, particularly when the body resistance is lowered, because of the extensive anastomosis of the blood-vessels, and the close relationship between arteries and veins that exist there. There occurs a stasis of the blood in the venous channels on account of an inadequacy of the supporting structures, which allows engorgement of the tissues to take place. "such conditions prevailing, it takes but a sneeze or a sharp blowing of the nose, or ven stooping down, to tear the delicate mucous membrane. Contrary to what one would expect, hay-fever and other conditions of the nose in which much rue is and serum are given off are, as a rule not accompanied by bleeding and it is believed that in these conditions the blood-vessels are diminished in calibre, and to use the words of Hays of New York, the transudate takes the place of the nasal hemorrhage, in fact, is blood minus some of its important constituents.

Hemorrhage from the nose may come from the nose, pharynx, lungs or stomach. Hemorrhage originating in the nose particularly its posterior part, may come out of the other nostril, or may go into the lungs and be coughed up, or into the stomach and be vomited.

The usual cause for nose-bleed may be found in some local change in the nose: however, many cases are due to systemic causes; occasionally both operate at one time. Of the local causes—traumatism of the nasal mucous membrane through injury upon the nose as through a fall or blow; the habit of picking the nose with the finger causing ulceration and the removal af a crust and with it the anterior wall of a blood-vessel from the front portion of the cartilage of the septum; catarrhal conditions of the nasal mucous membrane: the presence of dilated veins called telangiectases; polypi, particularly those that spring from the septum; benign and malignant growths; foreign bodies; operations on nose and throat; fractures of base of skull. The most frequent cause is ulceration of the mucous membrane over the cartilage of the septum in front and below ard accompanying chronic catarrhal processes of the nose. Of the general causes we have—diseases in which the blood-tersion is high, such as arteriosclerosis, en-

largement of the left side of the heart and chronic interstitial nephritis. In cardiac disease with lost compensation, cirrhosis of liver and some forms of kidney disease. Here there occurs venous stasis because of the difficulty of the return of blood to the right heart. The bleeding accompanying cirrhosis of the liver is especially difficult to control. Diseases of the blood and the blood-forming organs such as hemophilia, anaemia, chlorosis, pernicious anaemia, leukaemia and pseudo leukaemia, scurvy purpura hemorrhagica and jaundice. Hemorrhage may be explained in the anaemias by taking into consideration that the various organs of the body through an impoverished condition of the blood nourishing them become devitalized. In this state the hemorrhage comes more easily and lasts a longer time because of the lessened coagalating power of the blood and because of the inability of the capillaries to contract. Hemophilia or bleeder's disease, is believed to be fairly common and has for its basis pathological changes in the smaller vessels which seem to be thinner and lacking in muscular tone. In purely infectious diseases, influenza, pneumonia, severe attacks of scarlet fever and measles, diphtheria, typhoid fever, whooping-cough, malaria. While in many of these diseases the hemorrhage may be the result of increased tension or venous congestion, in whooping-cough the intense venous congestion present distends the tissues to such an extent that it causes a rupture to take place which is purely mechanical. This may be a safeguard of nature preventing a hemorrhage in a locality like the brain or its coverings. In typhoid fever and pneumonia although epistaxis occurs early, the more serious bleedings occur ·late namely after several weeks illness,

and is then due not only to the anemia but to the dry condition of the mucous membrane of the nose. Epistaxis also occurs in the chronic infectious diseases, tuberculosis and syphilis, especially when accompanied by ulceration within the nose, may also take the place of the menstrual discharge when the normal outlet is shut it off. Fricker reported a case of a girl who never menstruated and in place of it had every six weeks a profuse nasal hemorrhage from which she succumbed from exhaustion.

Bleeding from the nose may come drop by drop or in a continuous stream. After stopping after a shorter or longer period, it may return once or several times as a result of the patient not remaining quiet, or without known cause. Hemorrhage may come on suddenly, or there may occur preliminary congestive symptoms of pressure and a hot feeling in the head. vertigo and noises in the ears. In the latter much relief is felt as a result of the bleeding. When much blood has been lost symptoms of an acute anemia supervene, namely, specks before the eyes, noises in ears, feeling of weakness and unconsciousness. Death may follow in these cases.

To establish the origin of the bleeding anterior rhinoscopy should be resorted to since in the majority of cases the origin is at the anterior inferior part of the cartilage of the septum, one should first examine this location; the next place to examine is the floor of the nose, and after that the rest of the nasal chamber. Should there be bleding during the examination, one should carefully absorb the blood with small pledgets of cotton or cotton applicators, or one may put in a cotton tampon in front. If the source of the bleeding cannot be found within the nose, it

should be ascertained whether it does not come from the pharyngeal vault, pharynx, lungs or stomach. One must not forget the possibility especially when the patient occupies a lying posture or when he is holding his head back, of blood entering the throat and from here going into the lungs or stomach, an important consideration necessitating a nose examination in all cases where one is not assured the hemorrhage comes from lungs or stomach.

The prognosis is nearly always favorable when the cause of the bleeding emanates from the nose particularly when com ing from in front; prognosis doubtful or unfavorable when resulting from hemophilia, arterioclerosis, cirrhosis of liver and interstitial nephritis. Never undervalue importance of the bleeding in anaemic weakly individuals. I have frequently encountered tuberculosus adults who during childhood had frequent, perhaps even daily hemorrhages from the nose. It seems to me more than a coincidence and it is not unreasonable to say that at least in some of these cases tuberculous infection may not have occurred had not the tissue resistance been lessened bleedings.

In cases of severe bleeding one must make an immediate effort to stop the hemorrhage, and when that has been accomplished the question the medical attendant must ask himself is, whether the bleeding is nature's method of relieving a condition, or whether it should be checked by treatment. A good way to indicate the line of treatment to pursue is, by the aid of a blood-pressure apparatus. If the blood pressure be below 160 mm., one may aim to stop the bleeding locally. When at or above 160 mm. this is contra-indicated, for the bleeding is na-

ture's way of preventing a cerebral hemorrhage, consequently, only general treatment should be resorted to. This consists of elimination with saline cathartics for the purpose of removing the nitrogenous retention which is causing the high blood presure. If the aid of such apparatus is not had, one should ascertain the functionating power of the various organs, particularly the kidneys, and in this way decide as to the advisability of stopping the bleed. ing or letting it go on for awhile. In the case of plethoric individuals and in vicarious menstruation, the bleeding may be ailowed to go on for awhile; if it continues too long or returns too frequently, one may give salines per mouth and order salt or mustard foot-baths. In the frequent cases where the bleeding comes from an ulcerated area upon the anterior inferior portion of the cartilage of the septum, it may suffice to introduce a firm pledget of cotton and then press the ala of the nose against the septum If this does not stop the bleeding and the bleeding surface is of limited area, one may cocainize the part and then cauterize with nitric, trichloracetic, or chromic acid, or actual cautery which is brought to a cherry red heat. If the bleeding area cannot be made out resort to tampons with sterile gauze strips or compressed cotton, the so-called Bernay's sponge is in order. This is called anterior tamponade. Another method of its application is to take a 3-4 inch strip of gauze, and introducing it so that the center or blind end reaches the posterior extremity of the nose, making a sort of pouch, which s then filled with cotton or strips of gauze.

hemorrhage continues in spite of the last procedure, the nasal chamber is again made free and posterior tamponade is undertaken, closing up the choanae. This is followed by anterior tamponade. Fur-

ther measures for intractable bleeding would be the local use of gelatin and the hypodermic injection of one of two cubic centimeters of diphtheria antitoxin. gelatin is used in fluid form and warmed. 20 to 30 cubic centimeters are injected through a warmed glass syringe The cool air within the nose soon solidifies the gelatin.

The following are notes of a case of severe bleeding from nose and gums:

H. M. Age 39 years. Family history negative. At 13, he had first attack of rheumatism; at 18, second attack; third, five years later; several slight attacks since. The second attack was very severe, and kept him in bed nine months. Most of the joints including the maxillary were affect-

Endocarditis was discovered at this ed. time. Bleeding from the gums began fifteen years ago, and occasionally nosebleed. This, however, was not severe until a year ago, when it continued rather profusely for several days, and could be stopped only with difficulty, Since then, there have occurred a few slight attacks. Examination reveals a patient who is anaemic and dypsnoeic. His hemgoblin is seventy per cent. Heart is markedly hypertrophied, a double murmur is heard over the whole praecordium, loudest over mitral area. The jugulars pulsate. His urine contains 30 per cent albumen by volume. His pulse is of high tension. The nasal hemorrhage comes from the mucous membrane over the turbinated bones.

Dr. M. Friedman.



Infections of the Kidneys==Pyelitis, Pyone= phrosis, Pyelonephritis, Renal Abscess

Prepared to be read before the Pecos Valley Medical Association at Roswell, N. M., on April 25th, 1911 by Dr. C. M. Yater, of Roswell.

These infections are so closely related to one another that their etiology may well be considered together, one condition oftentimes being dependent upon another for its existence. There are two things absolutely necessary for the development of renal suppuration in any of its forms, either of which being absent you are not liable to encounter the condition. These two essentials are pyogenic germs, and a suitable soil for their propagation and growth. The mere presence of germs in the kidnev does not suffice for the development of a suppurative process. There must be the other condition, a suitable soil. The mode of entrance of germs to the kidney may be any one of four routes, viz. Ascending, from the urethra or bladder; descending, from the blood, hematogenous; through the lymphatics and direct, either by continuity or structure. To comprehend the channels by which infection may reach the kidney we must consider the conditions that may give rise to the infection. Inflammations of the lower urinary tract occupy the most conspicious position in bringing about either pyelitis, pyonephrosis or pyelonephritis. Urethal stricture, prostatic disease, cystitis from whatever cause, renal calculus, all tend to prepare a suitable soil for the entrance, propagation and growth of pyogenic germs. Inflammation of any of these lower structures may pass up the ureter by continuity of structure and reach the pelvis of the kidney.

calculus in the pelvis may, by its irritant or traumatic action on the mucous membrane, prepare a suitable soil and invite infection either direct or ascending. Renal suppuration may be secondary to some contiguous infective process. Hepatic abscess, and burrowing appendicular abscess are apt examples of this mode of infection. or the kidney may become infected directly from the colon, but before this can occur there must be an antecedent condition in the gland which lowers its resistance. either a calculus, hydronephrosis, contusion or laceration as a result of traumatism. A hydronephrosis is very liable to infection from the colon by reason of its distension, thus bringing it in direct apposition with that structure. The pregnant uterus, by pressure upon the ureter may so congest the kidney as to invite direct infection from the intestines.

A calculus in the cortex of the kidney may give rise to adhesive inflammation between the kidney and coion and thus permit the direct migration of germs from the colon to the kidney. A pyelitis may be the result of the irritation produced in the pelvis of the kidney by the action of toxines eliminated in the course of infectious fevers. This form of pyelitis is not suppurative unless it becomes infected in one of the usual ways, the soil being prepared by the action of the toxines.

In suppurative processes in other portions of the body the kidney may be secon-

darily infected. This mode of infection is termed descending or hematogenous and is always embolic. The infective embolus is arrested in one of the renal arteries and gives rise to a metastatic abscess. further this embolus travels toward the cortex of the kidney before it is arrested the smaller will be the resulting abscess. These abscesses are usually multiple, not only in the kidney but throughout the other organs. The bacilli found in the blood in the course of zymotic diseases may be eliminated in the urine and thus give rise to a suppurative pyelitis, but only in a pelvis which is already prepared to give lodgment to the bacilli.

Many experiments have demonstrated the fact that germs may inhabit the kidney pelvis without harm resulting therefrom unless the soil is suitable, in which case suppuration ensues. The microorganisms most usually found in these suppurating conditions of the kidney are the colon bacilli. While gonorrhea in the young adult is a frequent source of renal infection, the gonococccus is found in a very small per cent of renal suppurations. We have seen that, etiologically, there is a great similiarity in the different renal suppurations. I now come to study them from a pathological standpoint. This cannot well be done studying them together, because while there are a great many points of similiarity in pathology, each exhibits pathological conditions peculliar to itself.

I will first take up the special pathological features of suppurative pyelitis. This is a purulent inflammation of the mucous membrane of the pelvis of the kidney, the ureter remaining patulous, and does not differ pathologically, from purulent inflammations in other mucous membranes, the changes being largely influenced by the virulence of the infection and the condition

of the pelvis before or at the time the infeeting agent is deposited. While forms of renal infection tend to run a chronic course, the changes in pyelitis indicate great activity. The mucous membrane sheds its epithelium, congestion is marked, and ecchimoses tine the whole pelvic cavity. The urine becomes turbid from admixture with pus, epithelium and blood corpuscules, and throws down a precipitate that is composed of these elements which is alive with the infecting micro-organisms. All this is being constantly discharged through the ureter. This condition grows from bad to worse till, in the chronic forms, the mucous membrane is thickened, granulated or ulcerated and takes on the nature of a pyogenic membrane. If the infection has gained access to the pelvis in some one of the avenues other than by the ascending route the discharge through the ureter into the healthy bladder may excite a violent infection in that organ. When, in the course of a suppurative pyelitis, the ureter, from any canse, becomes obstructed the pus and urine accumulate in the pelvis and we have a pyonephrosis. The ureter may be clogged by clots of pus or blood, by a calculus, or it may become kinked and thus obstruct the discharge. The same pathological conditions are found in this condition that are found in pyelitis and in addition the calices are altered, the papillae are flattened out, the cortex is compressed until the whole kidney structure becomes atrophied and the cavity of the pelvis is so much enlarged that it is only bound by the thin and flattened cortex, resolving itself into one huge, suppurating cavity, containing a fluid composed of pus, urine, broken down tissue and often calculi. When the whole parenchyma of the kidney has been destroyed by compression from within and no longer secretes urine, the fluid contents of the sack may dry up, as it were, be absorbed and a thick, jelly-like substance remain. A pyonephrosis resulting from the infection of a hydronephrosis is quite different from one as a result of an obstructed pyelitis. The latter, while it may, and does attain considerable size, does not anything like approximate an infected hydronephrosis. Pyelonephritis is always secondary to pyelitis; the character of the primary infection always determining the extent and progress of the pyelonephritis. In this connection the intection gains access to the parenchyma of the through the papillae and straight tubes. The micro-organisms are aided, in their activity and rapid multiplication and advance, by the decomposing urine. They ascend into parenchyma, and, with the degenerated epithelieum, form plugs which obstruct the tubules. These degenerative changes extend throughout the whole kidney from papillae to cortex. The interstitial portion of the kidney undergoes active inflammation, the occluded tubules rupture and we have a multiplicity of small abscesses throughout the kidney, and, eventually the whole kidney structure softens and breaks down and we have only one large abscess limited only by the capsule, the arteries being the last structures to give way. Pyelonephritis is always ascending, never hematogenous. This can be proven with the microscope which, in the earlier stages, will show the primary invasion of the tubules by the bacteria.

The last of the renal infections which comes within the province of my paper is "renal abscess." This condition differs very materially, both etiologically and path ologically, from those infections we have just been discussing. In the latter, the infection is invariably either ascending or

direct; in renal abscesses, it is always descending; from the blood or from the lymphatics. These abscesses are due to the lodging of an infective embolus in one of the arteries of the kidney, thus cutting off the blood supply to that portion of the kidney normally supplied by the particular occluded artery. These abscesses may be large or small, in proportion to the area of kidney substance shut off from sustenance. A large artery becoming occluded will give rise to a large abscess and a small one to a small abscess. All that portion of the kidney deprived of nutrition rapidly succumbs to the ravages of the infecting agent in the embolus and abscess formation results. The peculiar arrangement of these renal abscesses is readily explained when we remember that the arteries in the kidney are terminal arteries and do not anastomose as in other portions and organs of the body. Renal abscess may also be due to infection descending through the lymphatics and, as in hematogenous infection, the abscess is always interstitial. These infective emboli come from a suppurative process in some other portion of the body and are transmitted through the blood finding lodgment in the kidney arteries; or, the infective agent of some neighboring suppurative process may be transmitted through the lymphatic circulation and, being deposited in the kidney set up an infection there. These abscesses enroach upon and destroy the parenchyma of the organ by pressure from without, just the opposite from the manner on which a pyelonephritic abscess destroys the kidney. which is always by pressure from within and rupture of the tubules thus setting up general abscess formation in the kidney, as stated while we were discussing that condition. Aside from the disease conditions that give rise to these various kidney infections, suppurative conditions of the kidney, oftentimes, beget very serious complications. Should the condition affect both kidneys at the same time, as it often does in pyelonephritis, we may have anuria and a speedy death from uremia. One with a suppurative kidney is always in imminent danger, suspended over a vortex into which he may be suddenly precipitated. A thrombus in a venule may undergodisintegration and be the direct cause of a far-removed and fatal infection.

A pyonephrosis or renal abscess may form adhesions to neighboring structures. Often rupture occurs and may result in peritonitis, pneumonia, pleurisy; splenic, hepatic or sub-diaphragmatic abscess. If the pus escapes into the surrounding tissues perinephritic abscess results.

The symptomalogy of renal suppurations is goverened very materially by the mode of infection as is also the course of the disease. If we are alive to the possibilities of renal infection we will the more readily recognize it when it appears. An early recognition will enable us often not only to save life, but life and kidney. The history of a case of renal infection is equally as important as the clinical symptoms.

Pyelitis excites thamuria. The first symptom of renal infection is an increased flow of urine, consequent upon renal irritation and congestion. We should suspect infection of the kidney when, after the subsidence of a cystitis or other trouble which ordinally precedes these conditions, there is an increased flow of urine. When calculi or plugs of pus or mucous enter the ureter it gives rise to a spasm of the ureter which is transmitted to the bladder, hence thamuria. This frequent micturition does not necessarily mean an increase in the amount of urine pased. The total quantity may be diminished; though while

it may be, and usually is, very materially diminished from the affected kidney, the total of both kidneys may be up to the normal on account of increased activity in the well kidney from taking on the lost work of the one diseased. This accommodation cannot be brought about suddenly. well kidney must have time to accomodate itself to the new order of things, consegently, for a time at least, there will be oliguria. Pvelitis alone, will show oliguria, but only in an intermittent way. In pyonephrosis, where there is an obstruction to the flow, oliguria is due not only to the obstruction, but also to atrophy of the parenchyma of the kidney from compression. In pyelonephritis without ureteral obstruction there is diminution in, or entire suppression of urine caused by a blocking up of the tubuli uriniferi. Clinically it is sufficient to measure the entire output of the kidneys, but scientifically, each kidney flow should be measured separately. In bi-lateral affections of the kidneys there may be complete anuria.

Pain. Small abscesses may occur without pain, suppurative pyelitis may cause pain, yet, must be regarded as a constant symptom in all renal suppurations, and in the outset is the most noticeable symptom. Each exacerbation of pain marks an extension of the disease process. Pain is caused by congestion, obstruction, calculus, ureteral spasm and localized peritonitis: in character, it is described as a backache, lumbago, nephralgia, an intermittent burning sensation in the side or loin or renal colic. In chronic affections of the cortex it is simply a "dull ache." In acute suppurative pyelitis, the pain is sharp and cutting, a persistent throbbing. In pyelonephritis, the senses are generally so obtunded by the septic and uremic state that the pain complained of may be of only moderate intensity. A paroxysmal pain is in the renal region, though often referred to other regions, as the bladder, external genitals, along the sciatic and genito-crural nerves etc. It is often felt in the abdomen thus becoming misleading. symptoms are almost always present though varied. There may be a distinct rigor or only a slight chilly sensation, the temperature in pyelitis and pyelonephritis often going as high as 105 deg. or over. This temperature may be maintained, but generally recedes some, though in pyelonephritis it is more continuous than in other suppurative conditions. The temperature in pyonephrosis is variable. For long intervals it may be normal, then a cool stage and fever, usually coming on at night. Prostrating sweats mark the decline in temperature. The patient often passes into the hectic state accompanied by headache ,delirium, dyspnea, stupor and coma or convulsions due to the decomposition of urinary substances. Pyonephrosis is often a chronic condition and may last for months or even years with comparatively very little discomfort, but usually takes the course just indicated. Pyelonephritis is a much more rapid disease in its course and may end in a few days or weeks at most. It is characterized by a distinct initial rigor with perhaps a succession of chilly sensations, a high and intermitting temperature, vomiting, headache, lethargy, the typhoid state, somnolence with marked oliguria or anuria.

Examination of Urine.

It is important to estimate the quantity and quality of the urine passed from each kidney. Pyelitis will discharge through the urcter its inflammatory products continually for a time, though intermissions may occur from a temporary subsidence of the inflammatory trouble or from a temporary blocking up of the ureter. As before stated pyonephrosis may be a complete or partial obstruction. When complete, the urine voided will be normal, coming only from the healthy kidney. When the obstruction intermittently gives way we have pyuria and a marked improvement in the patients symptoms. All urine from a pyelonephritic kidney contains pus. Renal abseess will not show ous in the urine unless it accumulates and bursts into the renal pelvis. Microscopical examination of the urine is valuable only so far as it shows the presence of pus, micro-organisms, epithelium and leucocytes. Occasionally in acute and often in calculous conditions blood corpuseles are seen. As a means of differentiating the extent or peculiar locality of the infection it is valueless. They all look alike under the microscope. cannot tell epithelium coming from the proximal convoluted tubes, or the pelvis from that of the bladder. It is often said that urine containing pus is acid, but it is not always so. Calculous pyuria is often alkaline. The usual infecting germ being the colon bacillus, accounts for the acid condition generally found. Urine containing pus generally shows albumen. In all disturbances of the urinary function with ous in the urine it is of the utmost importance to locate the particular locality in the urinary tract from which the pus originates. Ureteral catheterization will show from which, if either, kidney the pus comes, thus eliminating suppuration of the lower urinary tract, or showing that it has extended to the ureter or kidney or both. When the symptomatology indicates that we have to deal with a renal suppuration, it is very necessary that we should ascertain the exact nature of the pathologic process. Is it a case of ascending infection, or infec-

tion invited by the presence of a calculus, or is it tubercular? If these three questions can be answered to our satisfaction we have made a long stride toward a diagnosis. Ascending infections can usually be determined by taking into consideration the previous history of the particular case. Is there at present or has there been recently a urethritis, or cys-Is there an obstruction to the flow of the urine due to a stricture or prostatic enlargement? These points will very materially aid us in arriving at a conclusion as to whether or not the infection is ascending. In calculus conditions, the chronic nature of the trouble, nephritic colic, absence of a history of a suppurative process in the lower urinary tract, localizing the affection in one kidney and the X-ray will usually suffice to make a diagnosis of the direct nature of the infection.

Tuberculosis of the kidny has a train of symptoms and circumstances of its own which will enable us to decide this point to our satisfaction. If the bacillus can be found in the urine, which is often difficult and even impossible, the diagnosis is no longer in doubt.

The surgeon is called upon to prevent death from uremia and acute septic conditions, in chronic conditions, especially when accompanied by retention, to relieve suffering and if possible to prevent further inroads upon the secreting structure of the kidney from atrophy or progressive suppuration and, when the organ is totally destroyed and only a constant source of suffering and a menace to life, to rid the body of the remains of the offending organ. Suppurative pyelitis is not a surgical disease. When it originates in the course of other diseases, as typhoid

fever, pneumonia, etc., it usually yields to constitutional treatment.

Nephrotomy is indicated in acute infective pyelonephritis and if done early may not only save life but kidney structure and life.

In chronic conditions it is not an easy matter to determine whether nephrotomy or nephrectomy should be done. Nephrotomy alone, and drainage, should thought of if it is determined that both kidneys are involved. If there is evidence that the kidney still possesses secreting function and there is no renal or ureteral obstruction, nephrotomy is the operation. If there is obstruction and the obstruction can be removed the patient should still have the benefit of the doubt and have a nephrotomy, in the hope of saving, at least, a portion of the secreting structure of the kidney. When the kidney has been totally destroyed either by the suppurative process in the kidney proper or by atrophy from compression from within as a result of pyelonephritis, nephrectomy is the operation that should be done, thereby relieving the body of a useless and dangerous organ. When ureteral obstruction is insurmountable nephrectomy would as well be done as a primary operation, because it eventually will have to be resorted to. Renal abscess requires nephrotomy only; only in those cases in which the organ is entirely destroyed and has been converted into one immense abscess cavity in which case nephrectomy alone will offer any means of saving the patient from death.

Calculi should be cut down on in the most accessible location and removed, followed by drainage, or if the stone is in the ureter, ureterotomy, if demanded, or even nephrectomy may be necessary.

Where the kidney has been destroyed by

calculous disease, the other kidney remaining in good working order, the offending kidney should be removed

Time does not permit that I go into the

technique of these various operations, indeed were it necessary. Modern works on genito-urinary surgery set out far more elaborately the technique than I could were I to attempt it.

Some Experience With Guaicol and Ichthyol as a Local Antiseptic

It comes to every man in the practice of medicine, that he doesn't know what to do and sometimes he makes a lucky hit, then feels good over it the rest of his life. Again he does what good judgment and the experience has taught him, but in spite of that the patient dies, then he wishes he had done something else.

In July, 1909, a young man was brought to me. He had reloaded a cartridge with smokeless powder, and shot it in a rifle, 45-90 Wichester, model 1886, with the disastrous result of tearing the lock of the gun to pieces and ripping up the barrel for six inches. The explosion tore off the two middle fingers of his left hand, split the hand back to the wrist, tearing the thumb back to the carpo-metacarpal joint. This happened some sixty miles from town. The wound was wrapped in a dirty rag; the patient loaded into a wagon and arrived at my office twenty-four hours later. I anesthetized the patient, trimmed out all of the lacerated and dead tissue, taking out the metacarpal bone of the middle finger, and sewed the hand together, after washing and sterilizing as far as possible. All went well for two days; then a great deal of pain set up in the hand which was swollen and very red. Temperature went to 105 and patient raving with pain and fever. For the next three or four days I used different antiseptics but the swelling and redness progressed until it had reached the insertion of deltoid. The septic condition of my patient was becoming very alarming and his tossing reminded me more of that of a child with malignant scarlet fever or diphtheria.

I announced to patient and family that I would go over to the drug store and fix some medicine with which to dress the arm, without the least idea as to what that medicine would be. I went gazing about through the prescription case for inspiration my eyes happened to catch the guaiacol and ichthyol bottles at the same glance so I decided to mix the two, which was done and then glycerine appealed to me as the suitable menstrum; so my product was 1 dram guaiacol, 1 dram ichthyol to one ounce of glycerine. I applied this mixture over the arm covered with gauze, cotton, and roller bandage. In three hours my patient was asleep and temperature 101, and in eight hours temperature was normal. The same treatment was repeated every twenty-four hours. The remainder of the case was without an interruption and recovery speedy.

During the past two years I have used this dressing on every infected wound that has come under my care without the least disappointment in its action. I might relate another case to show how favorably it acts. G. P., about fifty years of age, had his hand caught in the cogs of a well drilling machine, through the soft tissues and bones of the metacarpal region, making an ugly lacerated wound, ground full of grease and dirt. After cleaning it it looked like suppuration, but I used this preparation and to my surprise I did not have a drop of pus.

Today I am using the same to wash out a suppurating pleural cavity that had a resection of a rib seven months ago, and it has materially reduced the quantity of pus. I can not say that I have ever obtained such favorable action of either drug separately as I have in this combination.

To the country doctor the practical point is a welcome bit of information; therefore, I will not attempt to say what particular bacteria this preparation destroys. I have used it in a sufficient number of cases to warrant the belief that it will destroy all those commonly met with in septic wounds.

J. R. Gilbert, Alamogordo, N. M.



SOME PRACTICAL POINTS RELATIVE TO RABIES

French S. Cary, Director of the Laboratory, El Paso Pasteur Institute.

In going into the subject of Rabies I only aim to present to the general practioner a few points which may be or value to those whom are called upon to see patients which have been bitten by some rabid animal. First we must bear in mind that rabies is a specific contagious disease, affecting markedly and peculiarly the nervous system, and capable of unlimited propogation by inoculation. are always three important questions which arise when the physician is called in to see a patient who has been bitten by an animal suffering from rabies. The first is "At what time and under what circumstances should patients be advised to submit to treatment?" The second is, "With what material and in what manner are they treated?" and the third, "What risk attends the treatment?" In answer to the first question I should advise that if the animal which has bitten the patient has been killed, or if the animal cannot be located so as to keep it under observation that the patient should be given the treatment as soon as possible, as delay is not only dangerous but may be deadly. In all cases where the animal can be isolated and kept under observation, treat the patient and observe the animal, and if after a few days it is evidently in sound health the treatments may be discontinued. called rapid microscopical diagnosis of rabies by finding Negri Bodies in the brain of a rabid animal cannot be depended on as I have found that the negri bodies ap-

pear in the brain of animals free from rabies as often as they do in animals suffering from the disease. The only positive diagnosis to be made after the animal has been killed is to send his brain to some Pasteur Laboratory and have them make the inoculative test there. In this test the brain of the animal suspected of being rabid is injected into a rabbit and the result waited for. The only bad feature is that the patient may develop rabies while we are awaiting the result in the rabit. This we overcome by starting the patient on his treatment and awaiting the result . in the rabbit. I advise all patients bitten by animals whether the animal has been killed or not to commence treatment, and if the animal lives at the end of twelve days the treatment can be stopped and no harm has been done, while on the other hand if the animal dies he is just so many days ahead in his preventive treatment. Unless you are positive that rabies is absent, those exposed should not be held pending investigation. The affirmative result of the morbid histology, or experimental inoculation, is a demonstrated certainty. In answer to the second question the material used in the treatment for the prevention of hydrophobia is a portion of the spinal cord of the rabbit that has died This is rubbed up in cool sterof rabies. ile water previously distilled and from one to three c. c. given at a dose. These cords have been kept in sterile bottles and dried over caustic potash which diminishes the

amount of virus, but does not attenuate it. The virus is in a condition termed fixed (virus fixe), and if this virus were inoculated subdurally into a rabbit, would cause rabies in six days. Before this condition of fixation it is necessary to inoculate from rabbit to rabbit until it has passed through at least fifty. When the first rabbit has been inoculated it takes from ten to fifteen days before it develops the disease, this length of time gets shorter as the number of rabbits inoculated becomes greater. Prior to experience it seemed rash to inject a deadly virus into a human body, but Pasteur has demonstrated its harmless efficacy. The treatment is given for twenty-one days by hypodermic injections into the abdomen using an all glass syringe. The patient is started with a fourteen day cord, by that I mean a cord that has been suspended over caustic potash for fourteen days as that cord contains the smallest amount of virus, and then each day we increase gradually until at the end of the treatment he is given a three day cord, his immunity having been established gradually.

The third question in regard to the risk the patient takes in taking the treatment I might say that there is none, except the rare and unjustifiable occurence of abscesses. Lumps caused by the proliferation of connective-tissue corpuscles are common, as is also a local or general erythema. With a strict aseptic method of administering the hypodermic treatments there should be no inconvenience.

In closing there is just one important point that I should like to bring before you

and that is that remember efficient cauterization reduces the liability to rabies 50 per cent; the Pasteur method fails only in one-third of 1 per cent; conjoined they give the best results. Cauterization, when solely relied upon, is overestimated; when restricted to a very early time limitation it is underestimated. The earlier it is done the better, but it is never too late, if the wound be still unhealed; or if a point of induration is present, which later should be incised and then cauterized.

The method we follow at the El Paso Pasteur Institute for the cauterization of wounds is as follows: Apply hot bichloride 1-1000 or boric acid solution to the bitten part or having soaked it in the same, dry the part; then apply with a cotton wool mop so shaped as to fit the crevices of the wounds, strong carbolic acid solution: immediately take another mop and apply nitric acid, whereupon a slight explosive puff takes after this neutralize the nitric acid with a saturated solution of bicarbonate of soda. and wash off with alcohol, which arrests the action of the carbolic acid. Dress the wounds dry, retaining the compress in place by a bandage or adhesive plaster; in some cases collodion application may be used.

If the slough or scab is sterile, as is often the case, further applications to the wound should be avoided. The compress and bandages may be removed when cleanliness necessitates.

The wounds should be allowed to heal under aseptic scab unless complications, i. e., infection, suppuration, etc., prevent.

ABSCESS OF THE EAR (SO=CALLED) ITS IMPORTANCE, DANGERS, ETC.

By W. G. Shadrach, M. D., Albuquerque, New Mexico.

The Specialist in ear diseases is consulted so frequently by patients about what they denominate "abscess of the ear" that I though a few remarks on this subject might awaken your attention and interest, and especially as it is so prevalent just now, due to our recent epidemic of measles. "Abscess of the ear," in the mouth of the patient is a vague term covering various affections of the organ. By it they may mean an acute or chronic trouble, there may be pain with or without discharge, or discharge with or without pain; it may be feruncle of the external ear, an external otitis of parasitic or septic origin, or an inflammation of the middle ear with or without a perforation of the Drum Head. The term, "Abscess of the ear," is not definite enough to be used by the profession and should be relegated to the lumber garret of other discarded and unmeaning nomenclature.

But whatever ferms we apply to them, ear ache and discharge from the ears are both worthy of more serious consideration than most medical men give them. The dependency of such grave complications as mastoid diseases, meningeal and cerebral disorders on acute and chronic suppurations of the middle ear, make this subject of great importance to all practitioners as well as specialists. I doubt if there is a physician who has practiced medicine five years who has not been repeatedly called upon to treat cases of pain (ear ache) in the ear with or without suppu-

ration, but how many of them have considered this a mater of any consequence? I have seen as intense suffering from so-called abscess of the ear as from any affection that man is subject to. I have seen profound and permanent deafness follow it, even in spite of the most skillful treatment. I have seen its sequel, mastoid disease and sometimes followed by death. Do not these facts show it to be a matter worthy of your attention and to be handled with your most experienced skill, and not to be passed by with such remarks as "it is nothing but an ear ache, etc.," as is so commonly done?

Why, gentlemen, "only a discharge from the ear" will, in these days, disbar you from life insurance as surely as albumen in the urine, or an irregularity in the heart sounds, or deposit at the apex of the lungs. Why is this, when the insurance companies are bidding against each other for every risk that is in the market? It is because so many deaths result from one cause or another, traceable to neglected ear disease. I think, therefore, you will justify me in taking up a little space on such a seemingly simple topic.

Pain in the ear may or may not indicate "abscess" so-called. Sometimes it is purely neuralgic in character and does not point to a pathological condition in the ear. Sometimes due to infected wax pressing on the drum head, sometimes to a catarrhal non-suppurative process either in the soft part of the external meatus or

in the lining of the inner cavity. The exact causation is only to be determined by an examination with reflected light, which any practitioner can use, after one or two efforts. Some information may be gained by manipulation of the tragus. If this is painful or if moving the auricle causes pain. the external meatus is usually the seat of the trouble. Furuncles in this locality are extremely and intensely painful, especially when, as is commonly the case, there is a crop of them; local applications are of little avail against them. Free incision to relieve the tension and liberate the pus with subsequent moist hot applications of some antiseptic solution is the treatment. Independent of constitutional conditions which may bring about their development, they are often caused by the irritation resulting from the improper use of ear picks, hair pins, etc., which people will put into their ears in spite of warnings to the contrary. Inflammation of the skin of the external ear passage is often the cause of a discharge at first scant and watery with scales in it from the drying of the secretion in the form of scales or crusts on the walls of the meatus, such an inflammation is usually of parasitic origin. Itching. burning and pain may accompany it. Patients often use anything that comes handy to scratch the inside of the passage way to get relief. As the instrument used is rarely antiseptic, it may infect the inflamed and denuded integument; and purulent discharge can be confronted with the more serious suppuration from the middle ear, unless the proper examination is made. Time will, however, settle the diagnosis if it is not made otherwise. Purulent discharge from the external ear rarely lasts more than a few weeks, and although an error is possible in a recent suppuration of the ear, we may safely conclude, if it has lasted as long as two months, it is from the middle ear, and that the drum membrane is perforated. In children it is nearly always from the middle ear, as troubles of the external meatus are infrequent in child hood. In children, moreover, the pain preceding the discharge does not last long. sometimes only an hour or two, as the drum head perforates more readily than in aduts. The younger the patient the more readily and easily is perforation. quently such a condition attends one of the exanthematous diseases such as the recent epidemic of measles in our city. The danger to these cases is not so much the occurrence of the ear complications as the neglect of the proper treatment afterwards. In adults and larger children the pain is more violent and continues sometimes for weeks after perforation of the drum membrane if the perforation is small and does not allow free and unimpeded drainage. Moreover it is just such cases as these that are exposed to the danger of mastoid disease, meningitis, cerebral abscess, etc., because of the retention of the purulent discharges as a result of deficient drainage. I have a case now on whom I will do the complete mastoid operation, produced by poor drainage, small perforation in upper posterior quadrant of two months standing, tenderness from tip of mastoid up to and above the zygomatic roots, on transillumination there is no light reflex in external meatus at all, showing the antrum and mastoid cells to be full, possibly thick pus and cholesteatomatous matter.

Chronic suppuration of the ear is the sequel of the acute form and has the same or greater complications to contend with. Drainage in such cases is often imperfect from retention of secretion, granulations or ear polypi. Caries of the os-

sicles is also frequently present, and is an important factor to consider in the treatment.

How then should we treat suppurative disease of the ear? Whether of the external meatus or of the middle ear, whether acute or chronic the first principle is cleanliness, best secured by antiseptic irrigation free and unlimited, by hot bichloride 1 to 3,000, or formal solution, 1 to 5,000 used in many cases with a fountain syringe but where this fails to cleanse a piston syringe or rubber ball syringe must be sub-The small rubber ball syringe stituted. sold under the name of "Ear and Ulcer Syringe" is a very good one to give a patient as it has a soft rubber tip and can be inserted into external ear without doing injury to the tender and delicate parts. This syringing should be repeated as often as necessary to keep the ear clean, using from a pint to a quart in a fountain syringe after cleansing with small one to get the therapeutic effect of the heat as well as insure cleanliness, the temperature of the antiseptic solution is that which gives the greatest relief to the patient. The pain that ushers in the attack, before the discharge begins, is best combatted by the use of an ice bag and internal administration of quinine and anodynes. in my experience is of very little value after the first 24 hours and should be replaced by moist heat thereafter. The Japanese stove is very useful in such cases. If the inflammation is in the middle ear and the physician is familiar with the use of earspeculum and head mirror the drum membrane should be incised if it is bulging, always done under the strictest antiseptic precautions. This gives prompt and instant relief by evacuating contents of middle ear and doing away with tension, this is more thoroughly accomplished by using Politzersbag or the Valsalva's method of inflation, often the incision or perforation is too small, it should be enlarged: this is all important to give good free drainage, which in a very great measure lessens the exposure of your patient to mastoiditis, and possibly meningitis cerebral abscess. When we have secured good drainage and cleanliness by irrigation we must try to secure an antiseptic condition of the ear passasges. For this purpose Hydrogen Peroxide is useful, but only when we are sure of ample drainage; otherwise the liberation of the gas in the middle ear with insufficient or obstructed outlet might produce very unpleasant complications. The old remedy of Valsalva, an alcoholic solution of mercury bichloride, one ounce water, two ounces alcohol, and one half grain bichloride, a few drops of this put into ear after each irrigation is very beneficial. The use of antiseptic powders in my experience is absolutely harmful for the following reason, you can hardly ever produce and maintain such a dry condition of the parts as to keep the powder from caking and obstructing your drainage. The same thing applies to filling the ear with cotton or gauze which frequently acts as an obstruction to drainage. A small piece of cotton may be lodged in the depression of the auricle to catch the discharge and prevent its running on the outside, but none should be put into the meatus itself.

Constant vigilence is required in these cases to prevent fresh infection and render all your efforts useless with a resulting chronic discharge from the ear. As a rule the specialist sees but a small percentage of these cases until they have become chronic unless some alarming complication presents itself. The treatment of chronic suppuration of the ear is, as far as we

have gone, the same as of the acute, but in addition we have to look out for the presence of granulations, polypi, synechiae, caries, etc., which must be done away with before we can expect to get rid of the discharge. The same general principles apply here as elsewhere in surgery. Granu-. lations are to be removed with the curette. polyps with the snare or forceps. Synechiae adhesions of the drum membrane should be broken up. All carious bone must be removed, including the ossicles if they are effected. Sometimes this can be done through the meatus, but often we are obliged to open the mastoid antrum to accomplish our purpose of thoroughly removing the diseased bone. To go into the uetails of these operations would be too exhaustive for this paper. I refer the reader to Whiting on the Modern Mastoid Operation. My object will have been attained without this if I have, by my few remarks, led you to a more careful consideration of a somewhat neglected field in

the general practitioner's domain.

It might be well, however, to call your attention to certain symptoms which may occur during either acute or chronic suppurative disease of the ear and which may give warning of the necessity of surgical interference before the resulting dangerous complications above mentioned have advanced so far as to be beyond control. Pain behind the ear radiating toward the occiput or parietal region, redness or swelling over the mastoid, tenderness on pressure over this region, sudden rise of temperature are strong indications for opening the mastoid antrum, without waiting for graver brain symptoms. Sometimes the pain in the side and pack of the head and the elevated temperature are misleading symptoms if the physician does not know of a previous ear trouble and may misdirect his energies until too late. Hence he should always bear in mind the possihility of the ear being the origin of such symptoms.



EXTRACTS FROM CURRENT LITERATURE

What Shall We Do For Our Tuberculous Patients?

Cornick prefaces his article with Vienna statistics, showing that 15 to 17 per cent of the total mortality in that City is due to tuberculosis. The disease is more prevalent in children in that City than any other one in the world. Von Pirquet applying his cutaneous test to 1600 children successively on their admission to his clinic, during the period of a year and a half, with the result that in the first year of childhood 5 per cent are infected; in the second year 20 per cent; from 9-10 years 70 per cent, and in the 14th. year 90 per cent. With this high percentage of infection, and with only 15 to 17 per cent mortality, there is a large per cent (60 per cent) of recoveries or arrests, which prompts the query of what becomes of the 60 per cent who being infected do not die with Tuberculosis? And why do they not die of it? Many show a latent infection giving tardily the specific reaction after repetitions. We are then face to face with the fact that 80 per cent of the people who are injected do not die of the disease because of an increasing racial tolerance, transmitted by heredity from infected parents to the offspring, and from generation to generation; and not due to an increased individual susceptibility. Flick has shown that children of tubercular parents possess greater resisting power to the disease when acquired, than those of non-tubercular. Hutchinson has shown that primitive peoples when this disease is introduced among them, are peculiarly susceptible and non-resistant to its ravages. Reid says that "The races longest exposed to consumption are most resistant to it." The inherent resistant power in the indi-

vidual is never absolute, but is always relative. This relative immunity under favorable conditions can be materially enhanced and likewise diminished. It should be on aim to increase by every means in our power this resistance, and when we have accomplished our aim we will have learned the answer to "What shall we do with on tubercular patients." An infection with pathogenic bacteria, or the reception their toxines, into the system stimulates organism to the formation defensive antibodies. Phagocytic or germ eating white blood cells form the active sentinels in our bodies against all types of disease producing bacteria. A well nourished body responds more promptly to the elaboration of the immunity inducing antibodies, than do the poorly nourished ones. The less quantity of infection, or of the toxin introduced into an organism, the sooner it is overcome. Rest also assists in increasing the protective immunity, as likewise plenty of fresh air. The appetite and fever are impaired by fever and toxines. Fever is caused by inflammation and consequent toxin absorption. To cure an inflammation, rest is demanded. Rest a tubercular inflammation and the fever dissappears. As fever leaves the appetite returns. "The most profitable employment that a febrile tuberculosis patient can engage in, is the methodical, systematic employment of rest in the recurrent posture, as a therapeutic agent to combat inflammation and fever." A well proven Sanatorium method is the surest and quickest way to arrest the active progress of the disease. Educate each patient along the line of personal hygiene, sanitation, and right living: to avoid infecting others, and reinfecting themselves. (Boyd Cornick—Texas State Journal of Medicine—July 1911.)

Typhoid Fever-Alkaline Treatment.

Lander while preparing culture media for growing bacilli typhosus in the laboratory observed that the media which was alkaline prevented the growth of these bacilli, and even killed them outright. doctor decided to make use of the observation, and experimentally applied an alkaline treatment to his cases of typhoid. The treatment was not begun, howsoever, in any case, until first obtaining a Widal reaction, proving the positiveness of the case. They received the usual dietectic and hygenic treatment, but the usual intestinal antiseptics were dispensed with. Bowels were kept open and purgation used until offensive stools were not present. Then Sodium citrate in Gr. XXX doses were given every two hours in a glass of water. To give pleasant flavor, 5 grains of Citric acid was added to each dose. The treatment had a decided effect upon shortening the course of the temperature, and the disease. (W. T. Lauder, The Journal of the South Carolina Medical Association. June 1911.)

Remarks on the Therapeutics of Salvarsan.

Meltzer claims that science and scientists had nothing to do with the introduction of quinine for malaria or of mercury for syphilis. The new era in medicine adds the development of three groups of proceedure in therapeutics. (1) Drugs and measures to control or relieve symptoms, (2) Physiological measures to increase the resistance of patients, (3) The reaction products of infected animals. We possess many drugs for treating symptoms, and are well provided with good advice as

to how to treat the patient, but have very few remedies for the treatment and cure of the disease itself. Salvarsan was not accidently discovered, but was scientifically developed by a single scientist. It is a synthetic, efficient, specific drug; a spirillicide, and a specific against the spirochaetae of syphilis; the spirilla of European and African Relapsing fever; and chicken spirilosis. In evolving this agent Ehrlich assumed that a substance exerts a definite action upon a living cell only when it becomes intimately connected with the cell, or fixed by it. This requires a receptor for the substance. These receptors for chemical substances he calls chemoceptors, or chemical affinities. Various tissues have varied affinities or chemoceptors, and hence a chemical substance introduced into the body become unevenly distributed in the tissues, because of these different affinities. If the animal body harbors foreign or independent cells, as pathogenic microorganisms, it may be these have chemoceptors for the substance, possess these orceptors in larger numbers than the tissures of the host, and then the substance would be fixed in much greater proportion than to the tissues, or else exclusively in the microorganisms. If the union of the substance and the microorganisms would be such as to destroy them, its introduction would sterilize the infected animal. If the substance is a compound of various, firmly connected chemical groups, the entire complex might become fixed in certain cells if they possess receptors for one of these groups. Thus the chemical compound becoming active upon a cell possessing a receptor for one group of the compound. The first work was done upon trypanosomes, and the arsenical preparation atoxand to destroy these, but it was also found that the nervous system, the optic and accoustic centers of the animals possessed effective chemoceptors for the drug. In atoxyl, too, he discovered its true constitution which permitted the substitution of various derivatives. In the long list of the substitution compounds, Salvarsan was found ideal, because it destroved the various spiriliae in the body; the nervous system was entirely unaffected: the curative dose in all instances was a small fraction of the toxic ones; and only one injection accomplished complete sterilization of the infected animal. The experiments upon animals were duplicated in the human species. The best method of administration is yet unsettled. Absorption is insufficient from the subcutaneous injection, and in the intravenous administration is too rapidly eliminated. cal results that have been demonstrated shows that all accessible spirochaeti disappear as a rule. An early injection prevents secondary developments. All forms of syphilitic manifestations, and all stages are profoundly affected by a single injection. Many cases have had no external manifestations so far, after one injection. There are advantages over mercury; Salvarsan destroys all spirochaetae; mercury only those of syphillis. Salvarsan produces apparently, antibodies in the blood, as is shown by effects of the serum and milk of those receiving injections, and there is no evidence of this with mercury. It is more rapid than mercury. Mercury is inimical to the host as well as to the parasite, causing a cachexia. Salvarsan is the reverse, having a favorable action; stimulates rapid healing, and increases weight. In treating secondaries, it has required more than one injection, as the symptoms reappear in some instances after repeated injections. Marguiles has proven that Salvarsan does not produce strains of spirilla resistant to it. (S. J. Meltzer, New York State Journal of Medicine, June 1911.)

The Indications for Salvarsan in Syphillis.

Pollitzer notes that so far as the active lesions of syphillis are concerened, salvarsan as a remedy is decidely superior to mercury, both in point of certainty and of rapid action. Gummatous infiltrations disappear, and ulcers rapidly heal after the injection of mercury, and the same action regularly follows the use of salvarsan. The subcutaneous injections of the neutral suspension is the least effective, and ir a large proportion of these cases recurrences have been noted; and only a small number show a negative Wasserman after five or six weeks. The use of the agent intravenously and intra-muscularly; and with repeated injections of the agent, and resorting to a discontinuous sterilization, the freedom from recurrences and positive Wasserman's are far more noticeable. In no case does he consider one injection more than of temporary benefit. (1) Every patient with active infective lesions-eroded chancres, moist papules, condylomata, mucous patches whose surfaces are swarming with spirochæta-should receive a dose of salvarsan. A single dose of salvarsan will sterilize, and render harmless these cases. The immediate use of salvarsan in these would remove accidental infection with syphillis, and syphilis insontium would practically disappear, and the number of infected generally would be enormously diminished, relegating the disease in a few years to the rare diseases. (2 Extensive gummatous or ulcerated lesions should receive the agent. The effect on them is so marked and prompt, that we owe it to our patients to shorten the period of !ccal treat ment. (3) Important structures like the eve and throat infected with the disease should receive the drug. (4) Painful lesions of bone or the throat should receive salvarsan, for the immediate relief of the pain. (5) Syphilitic cachexia should be so treated. Constructive metabolism is most marked after its administration. (6) Cases complicated with pulmonary tuberculosis. are benefitted by removing the syphilictic infection, and a systemic metabolic improvement is observed subsequently, and the mercury and iodine preparations have the diverse action. If in these cases cavities are present, the agent should be used intramuscularly, rather than intravenously. Infants with hereditary infection should receive minute doses. The effect is prompt on the infection, and upon metabolism. (8) In early stages of tabes, with pains, or sphyncter symptoms. Degenerated nerve tracts are not restored. but it is probable that in early tabes active syphilitic foci are in the cord, and very likely the agent will exercise an inhibiinfluence over progression. Over sensitive cases to mercury. Or of the resistance to the effect of the agent. (10) In cases with positive Wasserman after a trorough course of mercury. Since a positive reaction must be regarded as evidence of an active focus, in the present state of our knowledge. Each case that he has used the agent upon, no symptoms have remained after two injections, and very few failing to respond with a negative Wasserman after two or more injections, and these were in those whose lesions were in bone or dense connective tissue. (S. Pollitzer, New York State Journal of Medicine, June, 1911.)

An analysis of the Clinical and Serological Results in the Treatment of Syphilis with Salvarsan.

Fordyce, finds that experience has impressed him of the extraordinary therapeutic qualities of Salvarsan. The claim of therapia sterilisans magna is no longer entertained, except perhaps in the early stages before the generalization of the spirochaetae has taken place. He believes that the chief question to determine at the present is the standardization of the method of administration. Experience has established the fact that it is necessary to repeat the dose, in practically all stages of the disease. In primary and secondary stages, two injections at intervals of from 2 to 4 weeks produces a negative Wasserman. Salvarsan materially shortens the time in which the positive Wasserman can be found. The evidence points to the fact that the clinical symptoms as well as the Wasserman yield more rapidly to the drug alone, or combined with mercury, than when mercury is used alone. Even tho all clinical manifestations should disappear in the early stages, the patient should be kept under observance for at least a year, and the treatment controlled by repeated Wasserman reactions. Mercury will not accomplish everything that salvarsan will, as he has demonstrated in malignant cases, and experience has demonstrated to him that the more severe the syphilitic process, the more marked and striking are the effects of the drug. He uses the following proceedure: An intravenous injection followed by a course of mercurial inunctions or injections for 4 to 6 weeks. Then a second intravenous injection of salvarsan, and a similar mercurial treatment. Rest for a month and try the Wasserman, and as long as it is negative, the patient is observed for another month and the Wasserman repeated, and as long as it is negative no treatment is indicated. Repeat the injection should it become positive.

Should it become negative after a single injection, it should be repeated, because of the possibility of incomplete sterilization

and encapsulation of a few spirochaetae in the bony canals, and the danger of recurrence in the nerves of special sense.-(John A. Fordyce, New York State Journal of medicine, June, 1911.)

NEWS NOTES.

Dr. S. D. Swope, councillor for the third district, visited the Grant County Medical Society at Silver City, July 14. The Grant County Medical Society is in a flourishing condition and its members working in complete harmony. This means they are doing effective professional work. All the physicians in the county belong to the society except those living in isolated places which are almost inaccessable to the coun-

ty seat, and the officers at the Fort Bayard National Sanitarium for Tuberculosis. Dr. Swope went out to the sanitarium the next day with the idea of inducing the officers to affilate with the local men for mutual advantage. He was handsomely entertained at lunch by the commanding officer, Surgeon Colonel Bushnell, and has the assurance that the officers will gladly cooperate with the local profession in making the Grant county society one of the best in the territory.



BOOK REVIEW

A TEXT-BOOK OF MEDICAL DIAGNOSIS.

A Text-Book of Medical Diagnosis. By James M. Anders, M. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, and L. Napoleon Boston, M. D., Adjunct Professor of Medicine, Medico-Chirurgical College, Philadelphia. Octavo of 1195 pages, with 443 illustrations, 17 in colors. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$6.00 net; Half Morocco, \$7.50 net.

Text-books on Medical Diagnosis are many and each year sees others striving for preference, but we do not often have the opportunity of obtaining a work which represents the results of the combined experience of such men as Anders and Boston.

A brief pathologic definition of each disease is first given, followed by a description of the symptomatology and the physical signs. Laboratory methods where applicable and illustrative cases serve to add value to the work.

The special aim of the authors has been to find improved methods of determining the clinical features of disease and the work bears evidence of careful thought and selection of methods. The illustrations are clear and well chosen to illustrate the text. Moving pictures of the gaits in various nervous diseases are shown and might be called a feature of the book.

The press work is all that can be desired and we believe the book worthy of a place among the best reference and text-books on the subject of which it treats.

HOSPITAL MANAGEMENT.

Hospital Management. A Hand-book for Hospital Trustees, Superintendents, Training School Principals, Physicians, and all who are actively engaged in promoting hospital work. By Charlotte A. Aikens, Author of "Hospital Training School Methods and the Head Nurse;" "Primary Studies for Nurses;" "Clinical Studies for Nurses. 12mo of 488 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$3.00 net.

This book is an invaluable work to all who are interested in hospitals and their management. It is interesting and instructive reading and contains many valuable suggestions.

The chapter on history and statistics, its recommendations for the cooperation of hospitals for their mutual instruction and improvement; the chapters on plans and working suggestions as to good nursing and hospital management will all be found of unusual interest as giving a wider knowledge of the workings of such institutions than most physicians and surgeons ever learn.

The chapter on rules and regulations of training schools for nurses seems to be particularly good.

The book should be in the hands of every nurse in training as a part of her reading education. In every hospital for the guidance of managers and nurses and in the library of every active physician or surgeon who wishes to keep posted with the workings of an institution with which he is more or less intimately associated and about the minor workings of which he too often knows entirely too little.

DISEASES of INFANTS and CHILDREN. The New (3rd) Edition, Revised.

A Manual of Diseases of Infants and Children. By John Ruhrah, M. D., Clinical Professor of Diseases of Children, College of Physicians and Surgeous, Baltimore. Third Revised Edition. 12 mo volume of 534 pages, fully illustrated, Philadelphia and London: W. B. Saunders Company, 1911. Flexible Leather, \$2.50 net.

This is the third revised edition of Rurah's excellent manual of Disease of Infants and Children. New material has been added and the work brought to conform to the latest advances in the particular field with which it deals.

As a quick and ready reference it is most valuable and ought to find a welcome in the library of every physician.

MERCK'S MANUAL OF THE MATERIA MEDICA.

(Fourth Edition.)

A Ready Reference Pocket Book for the Physician and Surgeon. Containing a comprehensive list of Chemicals and Drugs---not confined to "Merck's"--with their synonyms, solubilities, physiological effects, therapeutic uses, doses, incompatibles, antidotes, etc.; a table of Therapentic Indications with interspersed paragraphs on Bedside Diagnosis, and a collection of Prescription Formulas, beginning under the indication "Abortion" and ending with "Yellow Fever"; a Classification of Medicaments; and Miscellany, comprising Poisoning and Its Treatment; and extensive Dose Table; a chapter on Urinalysis, and various tables, etc. (Merck & Co., 45 Park Place, New York, 1911. 493 pages. Sort on receipt of forwarding charges of 10 cents, in stamps, to physicians, or to students enrolled in any College of Medicine, in the United States.)

A MANUAL OF LABORATORY METHODS.

By E. M. Perdue, A. M., M. D., Professor of Bacteriology, and Embryology, Eclectic Medical University, Kansas City. Mo. This is a handsome little book of over 150 pages illustrated with halftones and original drawings, a concise and practical laboratory guide. Cloth, \$1.50. Burton Publishing Co., Kansas City, Mo.

While originating in sectarian headquarters this little work is a valuable guide for the student or practitioner. Without text or explanations it gives the perquisité of the various texts and their technique in a terse and concise manner. The small amount is well invested.

WHAT TO EAT AND WHY.

WHAT TO EAT AND WHY. By G. Carroll Smith, M. D., of Boston, Mass., Octavo of 310 pages. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$2.50 net.

Doctor's Smith book describes the fundamental elements of food and the principles underlying its use, the essential reasons why a change of the diet in certain diseases is desirable, and how this change may be made in the most practical, time-saving way."

The one thing that impresses the reviewer is the fact that Doctor Smith avoids long dissertations relative to the chemistry of foods and places the matter before the reader in a most practical way, telling just what is best in each case and this without any superfluity of language. The entire work impresses one as being the result of careful study on the part of one who knows ,for he tells you why.

We most heartily agree with the reviewer who said "For quick reference the book is almost indespensible."

Handbook of Suggestive Therapeutics and Applied Hypnotism and Psychic Science.

By Henry S. Munro, M. D.; 3rd. edition, revised and enlarged. Cloth, 409 pages; Price \$4.00. Published by C. V. Mosby Company, St. Louis, Mo.

In the present day progress branches of medicine, it becomes necessary for every physician who wishes abreast of the times, and to be of the most assistance to his clientelle, to have this work in his library. He owes it to himself, and to his practice to at least have a working knowledge of this very important science. It is evidenced as a necessity, in the fact that many of our patients who are within the scope of this branch of practice, go away from us in the search of relief, and drift into the hands of the various charlatans, and those who practice the different pathys and pseudosciences. These in the abstract are making use of the suggestion in a great measure to heal their patients, and prove themselves apter to grasp the measures that the people need and demand than do we who truly try to follow the paths of progress and science. Dr. Munro has devoted many years to the study of this branch of our profession; directing his attention to the influence of suggestion upon the body; and its influence upon disease when directed in that direction. Unlike other writers upon this subject, he uses simple, and not technical language,

which aside from being highly instructive, is easily readible, and thoroughly entertaining. He begins at the bottom of the subject, giving the principles upon which the science is founded, leading from step to step logically, and lucidly explaining each. Eight new chapters have been added to the previous editions, and the latest theories and methods of practice have been recorded. Hypnotism is theoretically illustrated and as well shown how therapeutically applied, with case illustrations. Rational therapeutics in everyday practice receives ample space in the work, and likewise illustrated by cases. Such other subjects of practical value as, its application as an adjunct to anaesthetics; the expectant mother; as a factor in obstetrics: sexual instinct: psychoneuroses; and in the abstract the whole domain of medicine. Its application to self; energy; personality; self mastery, each more or less pertaining to psychic science. It is easily worth the money placed in the work, to say nothing of the time expended in its reading.

HYGIENE OF PREGNANCY.

E. S. Harris, M. D., Blue Springs, Mo.

This little book, in pamphlet form is intended to be given to the expectant mother and contains a great many valuable rules and suggestions that are sometimes forgotten in the rush of a hurry call. These pamphlets can be purchased from the author.

First Annual Kansas City Clinic Week

Oct. 3 to 10, 1911.

BY THE KANSAS CITY HOSPITAL STAFFS

The Medical Profession of the Southwest is cordially invited to attend the special morning clinics in Surgery, Medicine and the Specialties and the afternoon society meetings which will be conducted by the staffs of the various Kansas City Hospitals during the Priests of Pallas Festivities Oct. 3 to 10, 1911. The clinic will be open to all without any fees. You can bring your family and combine profitable days with pleasant evenings.

Headquarters at Kansas City Medical
Library.

13th Floor, Rialto Bldg., 9th and
Grand Ave.

See September Journals for particulars.

For information address,

Clinic Secretary,

13th Floor Rialto Bldg.,

KANSAS CITY, MO.

The New Mexico Medical Iournal

Volume VI

SEPTEMBER, 1911

No. 12

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The Thirtieth Annual Session

The thirtieth annual session of the New Mexico Medical Society has passed into history. The last meeting of the Territorial society was a good one--not so large in numbers, perhaps, as have been some of the meetings in the past, but it was characterized by a high grade of papers, from both home folks and visitors. As a matter of fact the program was far and away beyond the average and the New Mexico State Medical Society will have to be up and about, in order to come up to the record left by the last meeting of the New Mexico Territorial Medical Society.

The open public meeting was a new feature, and the plan gives promise of great results. Dr. Fest's address of welcome on the part of the profession and that of Mr. Ward on behalf of the mayor of Las Vegas were both well studied efforts. Dr. Ingalls, of Roswell, responded in the absence of Dr. J. J. Shuler. Dr. Edson's illustrated lecture on "Painting and the History of Medicine," was worthy of a much larger crowd of both professional and lay hearers. President Roberts, of the Normal University, made some pointed remarks, showing that he was theoretically right along the lines of child education and medical supervision of schools. Dr. R. E. Mc Bride, of Las Cruces, made a few remarks along the lines of preventive medicine.

When we come to the scientific program the papers and discussions will speak for themselves. The plan of fraternal delegates, originated by President Fest was most successful and will be kept up in the future.

The banquet menu was well thought out and well served. Harvey service is always good service.

The committee of arrangement of the Las Vegas Medical Society deserve credit for the admirable way in which things were conducted. Everybody was made to feel at home.

Medical Legislation.

The sane way in which the committee on legislation approached the study of the great problem of a medical bill for the new state is to be commended. There was a freedom from any disposition to "do the other fellow" because he does not think exactly as "I do." We hope that the new committee on legislation will handle the problem in the same broadminded way as did the old committee.

The profession as represented by the New Mexico Medical Society is for a medical practice act that will insure examination of all applicants with permission to the board to take into consideration the years that a physician has practiced. Board of Health will likewise be sought. Separate Boards--that is a Health and a Board of Medical Examiners will give us the best results. All other health legislation can come afterwards by "Rules and Regulations" of the Board of Health provided we see that the right kind of power is given them. The health of the people is of prime importance and no law that would regulate the diseases and other causes that interfere with continued health could be too strong.

In a future issue we hope to publish both the proposed bills for the benefit of those caring to study them carefully.

LUNA COUNTY NOTES

The Luna County Medical Society met at the office of Dr. P. M. Steed, Wednesday evening, September 13. Present, Drs. Steed, Swope and Montenyohl. This being the first fall meeting arrangements were made for the post graduate study course for the winter and it was agreed to meet once a week. The secretary was instructed to secure twenty copies of the post graduate study course program, for the use of members.

The application of Dr. Irvin B. Keller was received and Dr. Keller was elected a member. Several interesting clinical cases were presented and discussed. The meeting adjourned to meet at the office of Dr. S. D. Swope, September 20.

This issue of the Medical Journal is delayed in order to give minutes of Association meeting at Las Vegas

List of Physicians Present at the East Las Vegas Meeting

The following physicians registered at the East Las Vegas meeting:

Jno. D. Hess, Las Vegas, N. M.

C. S. Losey, Las Vegas, N. M.

H. A. Ingalls, Roswell, N. M.

C. E. Edson, Denver, Colo.

L. S. Peters, Silver City, N. M.

E. C. Prentiss, El Paso, Texas.

J. A. Rolls, Santa Fe, N. M.

H. M. Smith, Las Vegas, N. M.

H. W. Goelitz, Las Vegas, N. M.

C. M. Yater, Roswell, N. M.

R. L. Bradley, Roswell, N. M.

S. D. Swope, Deming, N. M.

W. R. Tipton, East Las Vegas, N. M.

R. E. McBride, Las Cruces, N. M.

F. T. B. Fest, Las Vegas, N. M.

E. B. Shaw, Las Vegas, N. M.

Wm. R. Mills, East Las Vegas, N. M.

W. E. Kaser, Las Vegas, N. M.

M. F. Desmarais, Las Vegas, N. M.

M. M. Milligan, Las Vegas, N. M.

P. K. McClanahan, East Las Vegas, N. M.

C. E. Lukins, Albuquerque. N. M.

E. T. Wilkinson, Wagon Mountd, N. M.

J. W. Colbert, Albuquerque, N. M.

W. L. Brown, El Paso, Texas.

J. F. McConnell, Colorado Springs, Colo.

E. R. Carpenter, El Paso, Texas.

G. R. Bridge, Bisbee, Arizona.

F. de la Vergne, Albuquerque, N. M.

F. W. Noble, Tucumcari, N. M.

E. R. Frisbee, Albuquerque, N. M.

M. McCreary, Magdalena, N. M.

W. T. Joyner, Roswell, N. M.

F. H. Crail, East Las Vegas, N. M.

M. B. Culpepper, Dayton, N. M.

H. J. Muller, East Las Vegas, N. M.

F. E. Tull, Albuquerque, N. M.

S. G. Von Almen, Clovis, N. M.

Jno. S. Mason, Albuquerque, N. M.

G. E. Bushnell, Fort Bayard, N. M.

A. W. Morton, San Francisco, Cal.

Gerald Webb, Colorado Springs, Colo.

C. B. Lyman, Denver, Colo.

Saling Simon, Denver, Colo.

T. P. Martin, Taos, N. M.

J. J. Shuler, Raton, N. M.

G. W. Harrison, Albuquerque, N. M.

W. R. Lovelace, Fort Sumner, N. M.

L. L. Cahill, Springer, N. M.

C. A. Eller, D. D. S., Albuquerque, N. M.

Jabez N. Jackson, Kansas City, Kan.

Membership List of the New Mexico ical Society

BERNALILLO COUNTY:

Fred C. Bakes, Albuquerque.

S. L. Burton, Albuquerque.

D. H. Carns, Albuquerque.

M. G. Cartwrght, Albuquerque.

J. W. Colbert, Albuquerque.

P. G. Cornish, Albuquerque.

J. S. Easterday, Albuquerque.

J. W. Elder, Albuquerque.

C. A. Frank, Albuquerque.

Geo. W. Harrison, Albuquerque.

J. R. Haynes, Haynes.

W. G. Hope, Albuquerque.

R. L. Hust, Albuquerque.

H. B. Kauffman, Albuquerque.

Geo. O. Keck, Albuquerque.

C. E. Lukins, Albuquerque.

M. M. McCreary, Magdalena.

G. S. McLandress, Albuquerque.

E. Osuna, Albuquerque.

F. J. Patchin, Albuquerque.

W. A. Parvis, Socorro.

J. F. Pearce, Albuquerque.

W. E. Provines, Albuquerque.

J. A. Reidy, Albuquerque.

L. G. Rice, Albuquerque.

S. G. Sewell, Albuquerque.

A. G. Shortle, Albuquerque.

Robert Smart, Albuquerque.

W. W. Spargo, Albuquerque.

C. W. Taylor-Goodman, San Diego, Cal.

Frank E. Tull, Albuquerque.

F. de la Vergne, Albuquerque.

H. G. Willson, Gallup.

Jas. H. Wroth, Albuquerque.

M. K. Wylder, Albuquerque.

W. G. Shadrach, Albuquerque.

DONA ANA COUNTY:

Howard M. Cornell. Las Cruces.

W. C. Field, Las Cruces.

Bruce Ervin Lane, Las Cruces.

Soloman W. Laub, Las Cruces.

A. E. Lauson, Anthony.

J. H. Johnson, Organ.

Robt. E. McBride, Las Crucets.

Chas. T. Sands, Las Cruces.

Troy C. Sexton, Las Cruces.

CURRY COUNTY:

Dr. J. S. Ward, Clovis.

Dr. P. Worley, Clovis.

Dr. J. R. Haney,

Dr. D. D. Swearingen, Clovis.

Dr. S. G. Von Almen, Clovis.

Dr. Hauser,

Dr. M. G. Drake,

Dr. L. A. Dickman, Clovis.

Dr. J. Westerfield,

CHAVES COUNTY:

W. C. Buchly, Roswell.

R. L. Bradley, Roswell.

C. F. Beeson, Roswell.

E. M. Fisher, Roswell.

W. T. Joyner, Roswell.

J. W. Kingsinger, Roswell.

. C. M. Mayes, Roswell.

C. M. Yater, Roswell.

J. W. Laws, Lincoln.

C. F. Montgomery, Roswell.

L. H. Pate, Lake Arthur.

H. A. Ingalls, Roswell.

J. W. Tinder, Roswell.

A. A. Dearduff, Lovington.

Fay A. Allen, Roswell.

H. V. Fall, Roswell.

R. W. Meador, Lake Arthur.

W. W. Rhyan, Hagerman.

COLFAX COUNTY:

C. E. Gaver, Raton.

J. J. Shuler, Raton.

T. B. Lyon, Raton.

J. L. Hobbs, Raton.

D. L. Connell, Van Houten.

L. L. Cahill, Springer.

EDDY COUNTY:

F. F. Doepp, Carlsbad.

H. F. Parr, Carlsbad.

T. B. Quiney, Carlsbad.

W. G. Cowan, Carlsbad.

M. B. Culpepper, Dayson.

M. P. Skeen, Artesia.

Maurice Friedman, Carlsbad.

Edward S. Furay, Lakewood.

A. A. McDaniels, Lovington.

GRANT COUNTY:

George K. Angle, Silver City.

E. S. Bullock, Silver City.

Wm. McLake. Silver City.

S. A. Millikin, Silver City.

L. S. Peters, Silver City.

F. P. Whitehill, Silver City.

O. T. Hyde, Silver City.

V. Muller, Silver City.

E. M. Parham, Mogollon.

O. J. Westlake, Silver City.

GUADALUPE COUNTY:

W. R. Lovelace, Fort Sumner.

J. D. Lynch, Melrose.

Thos. D. Bugg, Melrose.

A. F. Brown, Tibon.

Smith, Vaughn.

N. D. Toby, Vaughn.

LAS VEGAS:

F. T. B. Fest, E. Las Vegas.

M. F. Desmarais, Las Vegas.

C. S. Losey, E. Las Vegas.

H. J. Mueller, Las Vegas.

H. W. Goelitz, E. Las Vegas.

E. B. Shaw, Las Vegas.

H. M. Smith, E. Las Vegas.

W. R. Tipton, E. Las Vegas.

W. E. Kaser, E. Las Vegas.

W. P. Mills, E. Las Vegas.

P. K. McClanahan, E. Las Vegas.

J. M. Cunningham, E. Las Vegas.

A. E. Northwood, Wagon Mound.

J. D. Hess, E. Las Vegas.

E. J. Frisbie, Wagon Mound.

F. H. Crail, E. Las Vegas.

J. G. Martin, Anton Chico.

H. W. Heyman, Kochler.

LUNA COUNTY:

S. D. Swope, Deming.

Ripley C. Hoffman, Deming.

Edward A. Montenyohl, Deming.

John G. Moir, Deming.

J. B. Barbee, Deming.

P. M. Steed. Deming.

M. M. Crocker, Lordsburg

OTERO COUNTY:

J. R. Gilbert, Alamogordo.

C. H. Waldschmidt, Alamogordo.

W. R. Saltzgaber, Alamogordo.

E. D. McKinley, Alamogordo.

J. G. Holmes, Alamogordo.

J. R. Howell, Tularosa.

C. A. Miller, Tularosa.

J. R. Callaway, Mescalero.

QUAY COUNTY:

F. W. Noble, Tucumcari,

O. E. Brown, Tucumcari.

R. J. Thompson, Tucumcari.

SANTA FE COUNTY

W. S. Harroun, Santa Fe.

J. M. Diaz, Santa Fe.

J. A. Massie, Santa Fe.

J. A. Rolls, Santa Fe.

J. A. Miller, Santa Fe.

F. A. Yoakum, Cerrillos.

F. Palmer, Cerrillos.

VALENCIA COUNTY:

John W. Beardsley, Belen.

W. F. Wittwer, Belen.

Wm. D. Radciffe, Belen.

Wm. H. Dempsey, Belen.

S. L. Wilkinson, Belen.

Members of New Mexico Medical Society not members of a county society:

Dr. J. M. Shields, Jemez Springs.

Dr. F. A. Dillon, Laguna.

Dr. M. B. Gibbs, Roy.

Dr. C. G. Duncan, Socorro.

Dr. T. W. Watson, Lincoln.

Dr. J. C. Slack, Clayton.

Dr. F. J. Given, Hillsboro.

MINUTES OF THE MEETINGS OF THE HOUSE OF DELE-GATES OF THE NEW MEXICO MEDICAL SOCIETY SEPTEMBER 6, 7, 8, and 9, 1911

The House of Delegates was called to order by President Fest in the rooms of the Commercial Club of East Las Vegas, on September 6th, 1911, at 3 p. m., Dr. R. E. McBride, Secretary, being at his desk.

The Secretary reported the following County Societies as being in good standing and entitled to representation in the House of Delegates:

Bernalillo County Medical Society, 4 delegates;

Las Vegas Medical Society, 2 delegates; Chaves County Medical Society, 2 delegates;

Dona Ana County Medical Society, 1 delegate;

Grant County Medical Society, 1 delegate;

Luna County Medical Society, 1 delegate;
Valencia County Medical Society, 1 delegate;

Otero County Medical Society, 1 delegate; Colfax County Medical Society, 1 delegate; Quay County Medical Society, 1 delegate; Santa Fe County Medical Society, 1 delegate;

Curry County Medical Society, 1 delegate.

The President then appointed a committee of three, consisting of Drs. S. D. Swope, of Deming, L. S. Peters, of Silver City and the Secretary, to act as a committee on credentials. This committee met

and reported the following entitled to seats in the House of Delegates:

Chaves County Medical Society—Drs. C. M. Yater and H. A. Ingalls of Roswell;

Luna County Medical Society—Dr. S. D. Swope;

Grant County Medical Society—Dr. L. S. Peters;

Las Vegas Medical Society—Drs. E. B. Shaw and W. E. Kaser;

Santa Fe County Medical Society—Dr. J. A. Rolls.

At this time there were no other credentials before the committee.

The above named delegates together with the two members of the Council, namely, Drs. W. R. Tipton and S. D. Swope, constituted the quorum of the House of Delegates, which then proceeded to the regular business of the Society.

The Sccretary announced that the Colorado State Medical Society had appointed as its fraternal delegate Dr. G. R. Lyman and C. E. Edson, both of Denver; the Arizona Medical Association had appointed as its fraternal delegates Dr. G. R. Bridge, of Bisbee; the Texas Medical Association had appointed Dr. R. B. Homan, of El Paso, as delegate with Dr. W. R. Brown, as alternate.

The Secretary further reported that these delegates had all signified their intention of being present at the sessions,

whereupon Dr. S. D. Swope moved that the House of Delegates accept the fraternal delegates sent by the neighboring Societies and that these delegates from the various states be made honorary members of the New Mexico Medical Society. This motion on being put to a vote, after having been duly seconded, was carried unanimously.

Dr. Yater then reported that he had acted as fraternal delegate from New Mexico to the meeting of the Texas State Medical Association and that he had been royally welcomed and had spent a most pleasant time at this meeting.

After some discussion it was moved by Dr. H. A. Ingalls, of Roswell, that, for this entire meeting, the by-laws be suspended insofar as they referred to the time limit of papers read before the Society, and that the papers be limited to fifteen minutes.

This motion, having been duly seconded, was carried.

The President of the Council Society, was, on motion duly seconded and carried, requested to telephone the Treasurer of the Society, at Santa Fe, to ascertain if he would be present at the meeting, and, if not, to have him forward his report at once.

There being no further business at this time the House of Delegates recessed until 2:30 P. M., September 7th, unless otherwise called.

Thursday Afternoon, September 7th, 1911.

The House of Delegates was called to order by President Fest at 2:30 P. M.

The Credential Committee reported the credentials of Drs. C. E. Lukins, F. de la Vergne, P. G. Cornish and J. W. Colbert,

representing the Bernalillo County Medical Society, as being in order and the gentlemen entitled to seats; as were also those of Dr. B. M. Culpepper, of Eddy County, which at this-time made its report; Dr. F. W. Noble, of Quay County, and Dr. S. G. Von Almen, of Curry County.

On motion, duly seconded and carried, the reading of the minutes of the 29th annual session was dispensed with and the minutes approved as they were published in the Journal for November, 1910.

A communication on "Trachoma," signed by the Chief Medical Supervisor of the Indian Service and others connected with the Indian Service, was read and referred to the Committee on Legislation.

At this time the Council through its Chairman, Dr. W. R. Tipton, reported upon the application for membership of Dr. A. H. DeLong, of Gallup, and recommended that he be elected to membership, which, on motion duly seconded, was done.

The application of Dr. C. C. Patch, of Mountain Park, was, on motion duly seconded, and following the recommendation of the Council, referred to the Otero County Medical Society, inasmuch as the Council had no jurisdiction.

The amendment to Article 9, Section 1, of the Constitution, as published in the Journal, and which was offered at the 29th annual session, was next discussed. After much discussion both for and against the amendment, Dr. W. R. Tipton, offered the motion that the amendment do not carry. This motion was duly seconded by Dr. W. T. Joyner, and, on being put to a vote, was carried and the amendment lost.

The amendment to Section 2, of Article 9, of the Constitution was next under discussion, and, inasmuch as the amendment to Section 1 of Article 9, had failed

to carry the amendment to Section 2, of Article 9, on motion duly seconded was likewise voted down.

The amendment to Article 4, Section 2, was carried unanimously.

After much discussion as to ways and means of raising sufficient funds to defray, necessary expenses connected with the securing of needed legislation at the next meeting of the Legislature, the question was postponed until the night session of the House of Delegates.

After discussion, on motion duly seconded and carried, the address of President Fest was referred to the Legislative Committee.

The House then recessed until 7:30 P. M.

7:30 P. M., Thursday, Sept. 7th, 1911

The House of Delegates was called to order by President Fest, with a quorum present.

The Secretary made a verbal report relative to the condition of the various County Societies and the New Mexico Medical Society, in which he went into detail relative to membership and the needs and wants of the various County Societies. He also reported the organization of the Valencia County Medical Society with five members.

The deaths of Dr. C. H. Bradley, of Las Vegas, Dr. T. B. Hart, of Raton, Dr. H. G. Casseldine, of Silver City, Dr. John Burnham of Las Cruces, and Dr. Hannibal Beeson of Roswell, were reported.

The Council was requested to draw up suitable resolutions on the deaths of the members as reported by the Secretary.

After much discussion the following resolution, offered by Dr. C. E. Lukins, of Albrananana was an motor of Dr. Lukins

seconded by Dr. Ingalls, of Roswell, put to a vote and carried unanimously.

"Resolved: That the Committee on Legislation take such steps as it may deem advisable to secure such medical legislation as shall be recommended by the New Mexico Medical Society, and to this end the Committee shall be empowered to collect a fund to be contributed by the members of the State Society. The Committee shall make an estimate of the total amound needed and shall proportion the amount among the various County Societies, and the officers of the County Societies shall make due effort to collect the sum proportioned and forward the same to the Committee. The Committee shall keep account and make report of the sums received and expended to the next annual meeting."

On motion of Dr. Yater, duly seconded and carried, the Secretary of the Society was instructed to write up a detailed statement relative to the needs of the Legislative Committee and to send a copy of this statement to the Secretary of each County Society, with the request that he take it up with his Society, and further, that the Secretary of the New Mexico Medical Society be directed to communicate directly with the members of said Society who are not in affiliation with any County Society.

Owing to the absence of Dr. W. T. Joyner, a member of the Council, Dr. Yater of Roswell, nominated Dr. Ingalls of Roswell, to represent Dr. Joyner at future meetings of the Council at this 30th annual session only. The motion, being in order, and having been duly seconded, was carried.

The. Secretary then called attention to the fact that the Constitution and By-Laws were somewhat out of date and that the supply was about exhausted, and asked

permission to have a new supply of the Constitution and By-Laws printed, after having them brought up to date, whereupon, on motion of Dr. S. D. Swope, duly seconded and carried, the Secretary was authorized to have this matter attended to.

It was moved by Dr. W. R. Tipton, seconded by Dr. C. E. Lukins, that in all places where the word "Territory" appears in the Constitution and By-Laws of the New Mexico Medical Society that the word "State" be inserted instead. This motion carried unanimously, after which the House of Delegates adjourned until 8 A. M., Sept. 8th.

September 8th, 7 p. m.

President Fest called the House of Delegates to order at this hour, with a quorum present.

The Treasurer's report was read, and on motion duly seconded and carried, was received and filed.

At this time the Legislative Committee, though the Secretary, reported that in the matter of medical legislation, that they had prepared a draft of a Medical Practice Act, which would be submitted to the members of the Society for their inspection and criticism just as soon as the same could be printed; they recommend that a committee of three be appointed to draft a suitable Board of Health Bill for presentation to the Legislative Committee; that in the matter of the communications relative to Trachoma and Hook Worm, they recommended that these matters be referred to the Board of Health of the Territory of New Mexico, inasmuch as they can best be handled through the regulations of said Board of Health.

After this report was made Dr. H. A. Ingalls, of Roswell, moved that a committee of three be appointed by the President to draft a suitable Board of Health Bill for the Committee. This motion on being duly seconded, was carried.

At this time the Secretary read a communication from Dr. H. B. Kaufman, of Albuquerque, relative to certain phases of proposed legislation, and, on motion, duly seconded and carried, the letter was referred to the Legislative Committee.

Dr. S. D. Swope, at this time, asked permission to make a report as Councilor for his district. The permission was granted and Dr. Swope made a verbal report.

A bill from Dr. H. B. Kauffman, of Albuquerque, for certain expense in connection with the arrangements for the visit of Dr. McCormack was, on motion duly seconded and carried, referred to the Council.

At this time the Legislative Committee through its Chairman, reported with a recommendation that the President's address be published and that reprints of the same be furnished the Secretary of each County Society, and that the subject matter of the address be referred to a special committee of three to be appointed from the incoming legislative committee. After some remarks by Drs. Tipton and Cahill, this report, on motion duly seconded, was carried.

At this time the Council, through its President Dr. W. R. Tipton, reported that the application of the Guadalupe County Medical Society for a charter had been approved and that Dr. W. R. Lovelace, of Fort Sumner, was entitled to a seat in the House of Delegates as a delegate from the Guadalupe County Medical Society.

There being no further business before the House of Delegates, a recess was taken until 8:30 A. M., Sept. 9th.

Sept. 9th, 8 A. M.

The House of Delegates was called to order by President Fest, with a quorum present.

The reading of the minutes of the previous session, was, on motion duly seconded and carried dispensed with.

Election of officers being next in order, Dr. H. A. Ingalls, of Roswell, placed in nomination for the office of President, the name of Dr. R. L. Bradley, of Roswell.

There being no other nominations the Secretary was instructed to cast a unanimous ballot for Dr. R. L. Bradley, of Roswell, for President of the New Mexico Medical Society for the coming year. The Secretary cast the ballot for Dr. Bradley and Dr. Bradley was declared elected President of the New Mexico Medical Society.

For First Vice President Dr. W. T. Tipton placed in nomination the name of Dr. M. F. Desmarais, of Las Vegas. Dr. Swope nominated Dr. L. L. Cahill, of Springer: Dr. Colbert nominated Dr. L. S. Peters, of Silver City.

There being no further nominations a ballot was taken, which resulted in Dr. Peters receiving 10 votes, Dr. Cahill, 1, and Dr. Desmarais 5.

Dr. Peters having received a majority of votes cast was declared elected as First Vice President for the ensuing year.

For Second Vice President Dr. Tipton nominated Dr. Desmarais, of Las Vegas, and Dr. Swope nominated Dr. L. L. Cahill, of Springer.

There being no further nominations,

a ballot was taken, which resulted in Dr. Desmarais receiving 14 votes and Dr. Cahill 2 votes.

Dr. Desmarais having received a majority of the votes was declared elected Second Vice President for the ensuing year.

For Third Vice President Dr. E. B. Shaw nominated Dr. J. J. Shuler, of Raton, and Dr. S. D. Swope nominated Dr. L. L. Cahill, of Springer.

There being no further nominations a ballot was taken, which resulted in Dr. Shuler receiving 10 votes and Dr. Cahill 5 votes.

Dr. Shuler having received a majority of votes was declared elected Third Vice President of the New Mexico Medical Society, for the ensuing year.

For Secretary, Dr. de la Vergne placed in nomination the name of Dr. R. E. Mc-Bride, of Las Cruces, and Dr. E. B. Shaw, of East Las Vegas, placed in nomination the name of Dr. F. T. B. Fest, of Las Vegas.

There being no further nominations a ballot was taken, but before the result was announced. on motion of Dr. F. T. B. Fest, Dr. R. E. McBride, of Las Cruces, was made the unanimous choice of the House of Delegates for the ensuing year.

For the office of Treasurer, Dr. Yater nominated Dr. F. E. Tull, of Albuquerque, and Dr. Lukins nominated Dr. J. W. Colbert, of Albuquerque.

There being no further nominations a ballot wa tasken with the result that Dr. Tull received 9 votes and Dr. Colbert 8 votes.

Dr. Tull having received a majority of the votes cast was declared elected Treasurer of the New Mexico Medical Society for the ensuing year.

For member of the Council for three

years Dr. E. B. Shaw was unanimously chosen, the Secretary easting the ballot as instructed by the House of Delegates.

For Delegate to the American Medical Association for one year, Dr. Cahill nominated Dr. W. R. Tipton and Dr. Peters nominated Dr. F. T. B. Fest.

There being no further nominations a ballot was taken, which resulted in Dr. Tipton receiving 10 votes and Dr. Fest 7 votes.

Dr. Tipton having received a majority of votes cast was declared elected delegate to the American Medical Association for the 1912 session.

For the alternate delegate to the American Medical Association Dr. Ingalls nominated Dr. Cahill and Dr. Swope nominated Dr. Fest.

There being no further nominations a ballot was taken which resulted in Dr. Fest receiving 11 votes and Dr. Cahill 5 votes. Dr. Fest having received a majority of the votes cast was declared elected as alternate delegate to the American Medical Association meeting for the year 1912.

For the Scientific Committee, Dr. Fest, of Las Vegas, and Dr. Ingalls, of Roswell, were nominated and the Secretary instructed to cast the unanimous vote of the House of Delegates for them as members of the Scientific Committee, which was done.

For the place of next meeting, Dr. Yater presented the name of Roswell, Dr. Swope, that of Deming, and Dr. de la Vergne, Albuquerque.

A ballot being taken resulted in Roswell receiving 11 votes, Albuquerque 4 votes, Deming 2 votes. Roswell having received the majority of the votes was chosen as the place of meeting of the 1912 session of the New Mexico Medical Society.

Dr. Swope moved that the rules be suspended and that the time of the meeting be left to the Committee on Arrangement. This motion, after having been duly seconded, was carried.

At this time the Council reported the resolutions on the deaths as reported by the Secretary.

Dr. Swope offered the following resolution, which, on motion duly seconded, was carried.

At this time the Legislative Committee reported, through the President, that they recommended the passage of the following protest: "The NEW MEXICO MEDICAL SOCIETY, in regulad session assembled, does respectfully protest to the Governor of the Territory of New Mexico against the appointment to membership on the Territorial Board of Health of a physician who has not fulfilled the legal requirements as to a five year residence in the Territory."

Which, on motion of Or. H. A. Ingalls, of Roswell, seconded by Dr. Colbert, of Albuquerque, was carried unanimously.

At this time the House of Delegates recessed until 2 P. M.

September 9th, 2 P. M.

President Fest called the metting to order with a quorum present.

President Fest, after some few remarks, placed before the House of Delegates his resignation as alternate delegate to the 1912 meeting of the American Medical Association, whereupon it was moved by Dr. S. D. Swope, seconded by Dr. H. A.

Ingalls, that the resignation be accepted. This motion on being put to a vote carried unanimously.

The President then announced a vacancy and called for nominations for alternate delegate to the 1912 meeting of the American Medical Association, whereupon Dr. S. D. Swope placed in nomination the name of Dr. L. L. Cahill of Springer, Dr. L. S. Peters placed in nomination the name of Dr. R. E. McBride, of Las Cruces.

A ballot was taken which resulted in 11 votes being cast for Dr. R. E. McBride and 3 votes being cast for Dr. L. L. Cahill. Dr. McBride was declared efected.

On motion, duly seconded and carried, the Secretary was directed to send typewritten copies of the stenographer's notes of the discussions to the various men taking part in the discussions before the same were published in the Journal.

Dr. de la Vergne, on motion duly seconded and carried, was appointed a committee of one to draft suitable resolutions of thanks to the Las Vegas Medical Society, the Commercial Club and the people of Las Vegas generally, for their courtesy and consideration, and to report at the general session previous to adjournment.

There being no further business before the House of Delegates, on motion duly seconded and carried, the House adjourned sine die.

> R. E. McBRIDE, Secretary.

MINUTES OF THE MEETINGS OF THE COUNCIL OF THE NEW MEXICO MEDICAL SOCIETY

September 6th, 1911.

The Council was called to order by Dr. W. R. Tipton, of East Las Vegas, President of the Council, with Drs. Tipton and Swope, Councilors, present, as were also President F. T. B. Fest and Secretary R. E. McBride, the latter being ex-officion members.

The application of the Valencia county Medical Society for a charter was read, and on motion duly seconded and carried, the application, in regular order and the regulations of the Society having been complied with, was duly approved after which the Council recessed until 8 a.m. of the 7th.

September 7th.

The Council was called to order by Chairman Tipton, with Councilors S. D. Swope and W. T. Joyner present, as were also the ex-officio members, President Fest and Secretary McBride.

The following bills were audited and approved and ordered reported to the House of Delegates for payment;

 Telephone Company, Las Vegas
 \$1.50

 Dr. Goelitz, Las Vegas,
 2.50

 Telegrams,
 6.20

Tht bill of the Albuquerque Morning Journal of \$111.90 for the New Mexico Medical Journal, was approved and ordered paid.

Various matters of a business nature

in connection with the affairs of the Journal were discussed, after which the Council recessed, subject to call by the Chairman.

September 7th, 8 p. m.

The Council was called to order by Chairman Tipton, with Councilor Swope present and Dr. H. A. Ingalls, of Roswell, acting for W. T. Joyner, of Roswell, by authority of the House of Delegates, present, together with the ex-officio members.

The application of Dr. A. H. DeLong, of Gallup, was reported on favorably.

The application of Dr. C. C. Patch, of Mountain Park, was ordered referred to the Otero County Medical Society, together with the letter and fees accompanying the application, after which the Council recessed subject to call by the Chairman.

September 9th.

The Council met in regular session, with Councilors Tipton and Swope and acting Councilor Ingalls, present, together with the ex-officio members.

A bill for \$2.50 for certain material purchased by the arrangement committee was approved, as were also the following bills contracted by the committee on arrangement;

Printing			٠.									;	\$29.50
Banquet										,	,	(\$17.50
Stenogra	ρl	16	91	•								6	\$35.00

The application of the Guadalupe County Medical Society for a charter was read and approved and on motion duly seconded and carried the Secretary was ordered to issue the charter.

It was then moved by Councilor Swope, seconded by acting Councilor Ingalls, that the Council resolve itself into a committee for the purpose of auditing the accounts of the Secretary of the New Mexico Medical Society and the accounts of the Managing Editor of the Journal.

After going over the accounts carefully, it was, on motion duly seconded and carried, ordered that the accounts of the Secretary of the New Mexico Medical Society and Managing Editor of the New Mexico Medical Journal be received, approved and ordered filed, after which the Council adjourned.

September 9th, 1911.

The Council met with Councilor Swope, acting Councilor Ingalls and Councilor Shaw, who had just been elected by the House of Delegates for a term of three years to succeed Councilor Tipton whose time had expired.

The Council then proceeded to organize and on motion of Dr. Shaw duly seconded and carried, Dr. S. D. Swope, of Deming, was made Chairman of the Council, and on motion of acting Councilor Ingalls duly seconded and carried, Dr. E. B. Shaw, of East Las Vegas, was made Clerk of the Council.

At this time Dr. F. T. B. Fest, President of the Society for the Prevention and Treatment of Tuberculosis, appeared before the Council and requested that one issue of the Medical Journal be edited and prepared by the New Mexico Society for the Prenevtion and Treatment of Tuberculosis, which request was granted and the clerk was instructed to instruct the Managing Editor to this effect.

Acting Councilor Ingails then moved that Dr. R. E. McBride, of Las Cruces, be made the Managing Editor of the Journal for the ensuing year, this motion was seconded by Dr. E. B. Shaw, and on being put to a vote was unanimously carried, after which the new Council adjourned.

REPORT OF MANAGING EDITOR OF JOURNAL

Report of the Managing Editor of the New Mexico Medical Journal to the Council of the New Mexico Medical Society To the Council:—

At the time that the New Mexico Medical Journal was turned over to me at the Belen meeting of the Council and subsequent thereto the following were the assets:

1 book of accounts containing unpaid bills to the amount of \$531.75, of which amount \$111.25 has been collected.

1 Walsh window tent, in the hands of Dr. G. S. McLandress.

1 Leucodescent lamp in the hands of Dr. G. S. McLandress.

1 Underwood typewriter, in the hands of Dr. F. T. B. Fest.

Books due from Mosby and Matthews for advertising, amount indefinite at this time.

Since November 1910, I have collected from various sources as shown by the itemized account appended herewith, the sum of \$506.07. This amount, together with the amount collected from old accounts, totals to the sum \$617.32.

I have expended, as shown by the itemized account appended, the sum of \$638.44, leaving a shortage or overdraft of \$21.12.

There are outstanding accounts doubtful of collection, amounting to \$266.25, and \$242 of outstanding accounts that are considered good and collectable.

From the accounts received from former managing editor F. T. B. Fest, \$111.25 (as outlined above) have been collected and a typewriter valued at \$100 (mentioned above) has been turned over by Dr. F. T. B. Fest. The amount collected from old accounts is more than sufficient to pay all back indebtedness of the Journal incurred during Dr. Fest's management.

Books, papers and vouchers submitted.

Respectfully,
R. E. McBRIDE,
Managing Editor.

RESOLUTIONS

Resolved, That the New Mexico Medical Society extend a vote of thanks to our retiring President, Dr. F. T. B. Fest, for his untiring efforts in behalf of organized medicine and in making this, the 30th annual session of our Society, the most successful and harmonious in its history.

Resolved, That it is the desire of the New Mexico Medical Society in final regular session, on behalf of their respective County Societies and themselves personally, to extend a sincere expression of thanks to the Las Vegas Commercial Club and to the Las Vegas Medical Society for the perfection of the arrangements for the 30th annual meeting.

The cordial reception offered to us, together with the courtesy and warm hospitality to its individual members, has resulted in a most successful, satisfactory and enjoyable session, the memory of which will remain a lasting pleasure.

RESOLUTIONS

The Council and House of Delegates in session assembled hereby unantmously recommend that a vote of thanks is hereby tendered to the following visiting gentlemen:

Col. G. E. Bushnell, Medical Corps, U. S. A.,

Dr. Carrol E. Edson, Colorado,

Dr. C. B. Lyman, Colorado,

Dr. Saling Simon, Colorado,

Dr. G. R. Bridge, Arizona,

Dr. W. L. Brown, Texas,

Dr. E. H. Carpenter, Texas,

Dr. E. C. Prentiss, Texas,

Dr. Gerald B. Webb, Colorado,

Dr. James Vance, Texas,

Dr. W. A. Morton, California,

Dr. J. F. McConnell, Colorado,

Dr. C. A. Eller, Albuquerque,

Dr. Jabez Jackson, Kansas City, for having read before our body valuable contributions to the medical literature of the present age and for participating in the discussions to the great advantage of the members present.

That the following doctors shall be made honorary members of the New Mexico Medical Society;

Col. G. E. Bushnell, Medical Corps, U. S. A.

Dr. Carrol E. Edson, Colorado,

Dr. C. E. Lyman, Cororado,

Dr. Saling Simon, Colorado,

Dr. G. R. Bridge, Arizona,

Dr. E. H. Carpenter, Texas,

Dr. Gerald B. Webb, Colorado,

Dr. C. A. Eller, Albuquerque,

Dr. Jabez Jackson, Kansas City.

The others mentioned being at this time honorary members.

WHEREAS, The Allwise Ruler of the Universe, in the wisdom of His dispensation, has removed from this, his sphere of usefulness our esteemed associate, Dr. C. H. Casseldine, of Silver City.

Therefore, Be It Resolved, That in the death of this honored member of our profession, the State of New Mexico has sustained an irreparable loss and the medical profession the loss of an esteemed associate.

Be It Further Resolved, that a copy of this resolution be spread upon the minute books of this Society, furnished to the daily press and sent to the bereaved head of the family. WHEREAS, The Allwise Ruler of the Universe, in the wisdom of His dispensation, has removed from this, his sphere of usefulness our esteemed associate, Dr. T. B. Hart, of Raton,

Therefore, Be It Resolved, That in the death of this honored member of our profession, the State of New Mexico has sustained an irreparable loss and the medical profession the loss of an esteemed associate,

Be It Further Resolved, that a copy of this resolution be spread upon the minute books of this Society, furnished to the daily press and sent to the bereaved head of the family. WHEREAS, The Allwise Ruler of the Universe, in the wisdom of His dispensation, has removed from this, his sphere of usefulness our esteemed associate, Dr. H. G. Beeson, of Roswell.

Therefore, Be It Resolved, That in the death of this honored member of our profession, the State of New Mexico has sustained an irreparable loss and the medical profession the loss of an esteemed associate,

Be It Further Resolved, that a copy on this resolution be spread upon the minute books of this Society, furnished to the daily press and sent to the bereaved head of the family.

WHEREAS, The Allwise Ruler of the Universe, in the wisdom of His dispensation, has removed from this, his sphere of usefulness our esteemed associate, Dr. C. H. Bradley, of East Las Vegas,

Therefore, Be It Resolved, That in the death of this honored member of our profession, the State of New Mexico has sustained an irreparable loss and the medical profession the loss of an esteemed associate.

Be It Further Resolved, that a copy of this resolution be spread upon the minute books of this Society, furnished to the daily press and sent to the bereaved head of the family. WHEREAS, The Allwise Ruler of the Universe, in the wisdom of His dispensation, has removed from this, his sphere of usefulness our esteemed associate, Dr. J. L. Burnham, of Las Cruces.

Therefore, Be It Resolved, That in the death of this honored member of our profession, the State of New Mexico has sustained an irreparable loss and the medical profession the loss of an esteemed associate.

Be It Further Resolved, that a copy of this resolution be spread upon the minute books of this Society, furnished to the daily press and sent to the bereaved head of the family.

"The Needs of New Mexico."

The President's Address, New Mexico Medical Society, Las Vegas, N. M. September 7th, 1911.

By Francis T. B. Fest, M. D. Las Vegas, N. M.

Gentlemen:-

It is a difficult task to bring before you a presidential address without threshing over much that may be called "old straw." To avoid this I shall not speak of the late advances of our science nor eulogize ourselves. I believe New Mexico holds the smallest society, yet, if we consider everything: the distance, population and other difficulties, we are doing well and sacifice perhaps more time for our organi tion than any other society in this country. We have reason to be proud of our society and I consider it no deviation from the rules of modesty when I state that I am proud to have been the president of this society.

While proud of this society, I cannot spend much time in praise. We have only done our duty towards ourselves when we stand together in the desire for advancement. Much remains to be done, and it is our duty to do it, and, that we may see our way clearer, I shall lay before you the conditions in New Mexico, as I see them. The conditions I shall describe are known to us all, and I merely voice what has been discussed by and with many of you, and on such occasions my voice perhaps has sounded less penetrant that others

but now is the time to consider, and, if my views are correct, to take concerted action. By doing thus I have no desire other than to respond to the growing needs of the times. If the society should find merit in my paper and be led to action, I cannot but feel that I do not hold this office in vain.

Our society truly represents the profession of New Mexico. There are relatively few practitioners within our bounds who are not affiliated. In our cities the true physicians are within our ranks. If we consider the pancity of the inhabitants, the distances between towns, the limited connections and the great expense of travel, we can not be surprised that the far corners of the Northwest and Northeast are not in our organization. This ought to be overcome and, by taxing our membership a little more and appointing a man who is willing to undertake it on the reimbursement of his actual expenses, to visit these two districts and bring about a better organization, it could be done. The essential, the paramount object of medical organization is the advancement of our science amongst us and the mental improvement of the members. This is our duty towards each other.

We have the same struggles here as

everywhere. We have to contend with commercialism which crops out occasionally in our ranks. We are willing to do charity but the public ought to understand that the cheap man is dear at any price. There is the socalled young man, the new arrival, just out of school with perhaps a few months in a hospital, who feels his hat-band pressing upon the cranium. Instead of taking his place in the bread line like most of us did, and waiting with patience for his turn to come; he, with his commercial ideas becomes a plunger and a menace. He feels competent, he considers himsef a better surgeon as well as a more advanced physician than the older men, whom he classes as back numbers, and, as practice does not come his way he goes in search of it and peddles out his services like a peanut vender in a circus. This often leads to faking, and it was with shame that we had to hear it implied that a young man has a right to make money in any wav.

What I have said must not be construed as against the young practitioner. I am always pleased to help the young colleague whenever possible and I admire the student. Nor must I be misunderstood as condemning the contemptible practices of some of our older men. I brought out this point simply because there is hardly any hope that the young man who is beginning wrong will end as an honor to our profession.

Every practitioner in this state ought to belong to this society, for, as a matter of fact membership is considered necessary to good standing in the profession. For example, a physician who wishes to join the Medical Reserve Corps of the U.S. Army from the ranks of private practice, must show his standing in the societies. I am strongly in favor of rooting out all the impure element. Let us help the weak and forbear with them, but let us not countenance the vicious.

Our noble profession has a higher aim than solely to cure the afflicted. Our profession is the only one which tries to destroy the sources of its own income by the prevention of disease. This is our duty towards the public and state; and it follows that the state should recognize its obligation toward our profession and also toward each member as part of the pub-Medicine is now scientific in its methods and has greatly reduced mortality. Medicine is not hampered any more by traditions and dead letters, superstitions and religious notions, but as in other exact sciences, the means of accurate experimentation and demonstration discard the unfounded and accept the truths. The appractical application of these truths in civic life has been greatly neglected in the United States. Large strides have been made to protect the public against the dangers of disease and the financial onslaughts upon our wellbeing. One of the shining examples is the pure food law. which has now been trimmed and shackled in order that the "interests" may keep on defrauding the public. It is a benizen of a kind providence to have a man like Dr. Wiley in the service of the Government, and it is an outrage, -a sin against the nation, that money interest should be able even to start an attempt at removing so useful a man from office. I suggest that this society, during the present session, formulate an expression of appreciation for Dr. Wiley, and a strong protest against the influences inimical to his activity. While we occupy ourselves with this matter wa

dare not overlook the great need of creating a national Bureau of Health and have this bureau empowered to carry out all problems of social medicine. Today our government does more for the health of our swine and sheep than for the health of our families. In this respect we are behind other nations. Disease means poverty and crime to those whose means are limited. Just think, that seven million dollars are spent annually by our government for animal and plant sanitation and not one cent for our children! There must be something wrong with our lawmakers, else a certain Senator would not have called Dr. McCormack the "walking delegate" of the "medical trust." Woe to the nation where the mutual cooperation of men skilled in the art of healing, for the betterment of the race, is called a "trust." If we really were a "trust" and attained our aims, we would be the only legitimate trust. If the lawmakers have so degenerated by commercialism that they cannot recognize the noble, unselfish aim of the physician, then it is high time that we as a class make every effort to teach the public, and protest against the politics which know only commercial interests and therefore promote the "great American fraud." Let us be guided by facts and needs, let us educate the public that they may also know that the average length of human life in the stxteenth century was only between eighteen and twenty years, and at the close of the eighteenth century it was little over thirty years, while today it varies in different localities from a little below thirty-five to nearly fifty years. The span of life since 1880 has been length ened in civilized countries by about six years.

Members of the N. M. M. S., I request

you to go on record and endorse officially the creation of a Federal Bureau of Health and I request each of you as individuals and citizens to use all your influence to bring about this needed reform. We Medical men as a class are better educated than any other learned profession. What other profession spends from five to six years study in a scientific school after the now required collegiate course? We deserve to be heard and it lies with us to be heard.

Now, after considering these few matters of national import, let us look around at home, right here in New Mexico. How fares the profession in New Mexico? Let us be frank, since only by uncovering the sore can we expect to effect a cure. What is the use of hiding the true conditions? Out with the truth! We have no standing in New Mexico at all! I consider ourselves a joke! And why? We ourselves must carry the blame and it is up to us to remedy it. We have done nothing as a profession. Some of us have acted in the past as amateur legislators. There was hardly a meeting of the assembly without some med ical bill being introduced. What is the result? It is true we have practice act and we have a socalled Board of Health, and this board is only a board of registration, that is all. I may mention that our cattle are cared for and our pigs will be served if they should be in danger of infection. The law regarding practice is very explicit but the application is poor. Right here amongst us a member of the Territorial board tried to bring about a conviction in the case of a man who called himself doctor of some pathy. He advertised and the case was clear, and it seems strange that the attorney acting for the law could not bring about a conviction. Right

buquerque is giving absent treatments to people here. This is rank fraud and it has "healer" has the illusion of healing power. he or she needs lodging in the insane asylum. To my mind, in a small commonwealth like New Mexico, everything is more or less like a family matter and the enforcement of law should be easy. But there seems to be a hostile feeling against profession, and that hostile feeling seems have beginning to high up. Some time ago a law was passed which made this society act as advisor in the appointment of the examining board. In this appointment the very best available men ought to be selected, and many states give to the profession the privilage of recommendation. The reason is obvious, because the professional value of a man is best known by his associates. but under our present system of government important offices are filled by appointment which are primarily and essentially "political". It would seem that the fitness of the appointee is of less importance than the pull. In some states organized medicine elects the Board of Health. I wish to be understood that I do not intend any criticisms of the men now on the board, I merely endeavor by calm and dispassionate discussion to throw light upon the actual situation. Within a short space of time after such law was passed examiners were appointed without the formality of asking for recommendations, and that part of the medical practice act was declared unconstitutional. Another law was passed which demanded that the appointee be a licentiate within the Territory for a certain number of years. It seems that this law is unconstitutional also, since a vacancy was filled lately with a man outside of the requirements. I suggest that our Com-

now a Christian Science "healer" in Al-

mittee on Legislation endeavor to find out if the law has been violated and, if so, submit a protest for approval of this society. Could it be possible that there is a contempt for the profession in the executive circles of the Territory? Some time ago the National Council on Legislation advised to wait with the introduction of new practice acts until after the establishment of a Federal Health Bureau and then to make campaign for uniform practice laws. But there is no reason why the separate boards should not be abolished. If a man wants to practice some pathy or refract the eye, let him show first that he is possessed of a good primary education and knows the branches of medical science just as well as the regular practitioner. After he has shown this knowledge let him practice what he wants, The advanced states do away with the separate boards. and there is danger that we become the dumping ground for exiled osteopaths and allied fakirs.

New Mexico has no board of health in facto and we need such a board, and it should be arranged that the new Board of Health can employ an executive officer, skilled in bacteriology and sanitation. It would not be necessary that this officer reside in the Capital, and his laboratory could be in some school belonging to the state. In the appointment of this officer political preferments must be excluded.

People in New Mexico are imposed upon by the so called "practical nurses." It is a gross injustice that an ignorant person take away the earning from an occupation which requires several years of training. Opportunity ought to be given to the graduate nurses to register and be protected against amateurs.

It should be our duty to acquaint the

next legislature with the fact that tuberculosis is spreading among the natives at an alarming rate. It is the duty of the new State to protect us against the danger of contaminaion by the traveling healthseekers. No railroad coach should have a common drinking cup nor the roller towel. The common cup must be banished from all public places, stations and Boarding houses and instituschools. tions which accommodtae tuberculars must be registered and the manager musiable to show that he or she understands the hygienic demands of such places, and what is more, the authorities must themselves, from time to time, that all rules are strictly complied with. No institution which accommodates the tubercular must allow that consumptives be employed in or around the dairy, and all expectoration on grounds which serve as pasture for the herd, must be made impossible. Strange to say the management of an institution in this territory gave out that the inmates shall help towards their maintenance by industries of various kinds and dairy produce was mentioned as one source of income. This shows the neces sity of excluding the incompetent from the management of institutions for the consumptive.

Every case of smallpox should be considered a disgrace to the civilization of New Mexico. Is every person in the Territory vaccinated? Who enforces the law? Smallpox exists and someone must be very culpable, but who? What is being done about our streams? Why do we have so much typhoid fever? We are entitled to the same protection as the most advanced states. We have a right that no package of food nor drugs be sold to us in New Mexico without being informed on the label

what it contains. The patent medicine manufacturer seems to consider himself a very important factor. His business may be well paying but it is dishonest. It needs lies to find a market for the goods.

One manufacturer right in this Territory asked a town to furnish him a site to conduct his nefarious occupation.

We need hospitals. The plan carried out in Iowa, according to which each county has the right to levy a special tax to erect and maintain general hospitals, is commendable and can be applied to New Mexico. Certain rules must exist for all such institutions and the state would have to assume the duty of inspecting regularly those subventioned with public funds. Because it may happen that personal matters enter too much into the management of such institutions. I know of one institution which is subventioned by the Territory, supposedly to do charity work. No doubt some charity is done. There is. however no doubt that personal aims enter into the management. As a proof of this I state that I have seen in a Denver paper a reproduction of a letter to a concern, exploiting a secret cure for consumption, signed by the president of the institution as such on the official stationary of the ininstitution, recommending one of the vilest frauds.

In New Mexico we have to contend with conditions which are, at the least, peculiar. We have recognized the value of child saving. We know that each child brought up in the proper environments will become a valuable unit in the community. We know that every child left in improper environments faces disease, and may become a menace to public health and order. As a civic body we cannot consider the creed of those who do this work of res-

cue, be they Mosaic, Protestant, or Roman. As long as we as State or Territory cannot rescue these infants, we must support all movements of this nature. We know the good work done by the human stork in our midst, I mean Dr. Chas. E. Lukens, who takes the infant out of its bad environment and places it in a good family to whom fate has granted no offspring. Our legislature recognized the good of work and granted a subvention. Now without apparent reason, this subvention has been cut off while, strange to say, a similar subvention to another institution, of different religious sect however, goes on without interruption. Sociologic medicine considers the salvation of the unit as citizen not as communicant.

It may be possible that a sectarian momentum has entered into this work for the general good. We hope not. But since it is well known that the desires of a dignitary of a certain creed are somewhat influential in our legislature, we have a right to suspect. This gives us an opportunity to ask the public to do as we do, look at the man and not his creed, and without such consideration give help to each unit of our commonwealth whatever beliefs may guide his conscience.

To sum up: We need a Board of Health, and this Board must have authority to act with supreme power like any other state board, to conserve our health. The court authorities must be bound to enforce the rules of this board. We need laws which will keep clean our streams, we need laws regarding vaccination, quarantine, school insuection, and these laws must be such that every school in the state be the school private, sectarian, county or city, be under the same compulsion. We need laws which will regulate the institutions which house

consumptives; we need a law which forbids the matrimony of the unfit; we need a pure food and drug law. .

It will not be enough merely to give us these laws, people must be made to inderstand their value. And for this purpose it is imperative that our teachers are possessed of knowledge to be instilled into the minds of the children. This makes it the duty of the regents of our normal schools and teachers' institutes use some of their funds to engage physicians to give systematic instruction on matters of public health. Education is the key note, and it is our duty to demand such education. We ask nothing for ourselves, on the contrary, the plan I have outlined will, in the course of time, deprive us largely of our income. But then again, be it said in spite of slurs of the laity, in spite of the low regard in which our most noble calling is held, without impulse from creed or religion, for the sake of the good alone, we aim for the general good. Misunderstood or hooted at. the fruit of our work is our pay.

I suggest that the Committee on Legislation in this session outline the ideas to be imbedded into our new health laws and that each member of this society shall consider it his sacred duty to request his representative to pledge himself to such law. For this purpose it would be necessary that our Committee on Legislation be so arranged that one member be appointed for each senatorial district. If we stand together, forget politics, and elect that man who pledges himself for the public good, then we cannot fail. The public health of the new state is of greater value than all political interests.

The demands outlined in this address are not innovations, they are in force

in this country and abroad, they are in harmony with modern state medicine. The Governor or Representative who cannot pledge his support to them is ignorant of the elementaries of public need and therefore unfit for office.

Rich men have started funds for medals and premiums to be given to savers of lives from fire and water. The name of the man who succumbs while rescuing others is recorded in the lists of heroes. But we who give our whole lives to the rescue, who praises us? How many members of the medical profession fall victims to the foes they fight. Are they considered heroes? No, they only did their duty. We fall and others step into the line. The medical hero, the medical martyr is not mentioned and, outside of our ranks, there is no merit in our work. Yet the medical sciences march on step by step in their progress for the betterment of the human race, and that each of these steps brings us nearer to perfection, is our pride.

Anesthesia

Being the Oration on Surgery Delivered at the Thirtieth Annual Session, New Mexico Medical Society.

W. W. Spargo, Albuquerque, N. M.

It perhaps would not be inappropriate to address the body of surgeons upon so important a subject as "Anasthesia" for without it surgery could not have made the wonderful progress that it has during the past, nor would there be much demand for your services.

It is only within the past few years that the administration of anaesthetics has received the consideration that its importance warrants; as recently as 1908 J. M. Baldy in an address before the American Gynecological Society, said, "The administration of anaesthetics as generally performed today is the shame of modern surgery, a disgrace to a learned profession, and if the full unvarnished truth concerning it were known to the laity at large, it would be but a short while before it were interfered with by legislative means and properly so." He had reference to the general custom in the large hospitals of relegating the anaesthetic to inexperienced internes, and to the equally general practice of surgeons operating in hospitals where they have no internes, of calling in some fellow practitioner who perhaps, has had as little experience.

Pardon a personal reminiscence which is not altogether irrelevant. I well remember my first experience, it falling to my lot to have to anaesthetise a patient for a laminectomy. I had never seen an anesthetic given except from a distance. The older internes had me scared to death by telling me how particular the surgeon was about his anaesthetics. I gave chloroform because it was the custom and easier to give than ether. Considering the position of the patient and all, fortunate indeed. was that man to have escaped with his life. I afterwards kept on giving chloroform with no real appreciation of its danger when one day a fellow interne was anesthetising a patient, a robust man, for an operation that in itself was devoid of danger, the stage of surgical anesthesia was attained without the slightest sign of danger, but in order to place a support under the shoulder of the patient the suregon lifted him into a half sitting position and signed his death certificate. Needless to say it left a lasting impression.

It was formerly the custom to relieve the anesthetist of responsibility if the patient did not die on the table, or soon after from some complication ostensibly due to the anesthetic, but in the light of more recent investigation we know that many cases of later deaths which were formerly ascribed to other causes, or not fully understood should properly be charged to the anesthetic. And if the patient, in the majority of cases escapes with his life, is this the only desideratum? There are many minor annoyances, not only to the surgeon during the progress of his work, but also to the patient afterwards, due to faulty anesthesia. How much better work is the surgeon able to do who intrusts his patients to an anesthetist of experience, relieved mentally of responsibility as to the immediate result, he is the better able to deal intelligently with conditions demanding at times all his mental faculties.

Fortunately this state of affairs is beginning to be remedied. Some medical colleges have an instructor in anesthesia, and the larger hospitals are employing expert anesthetists, who administer the more difficult anesthetics and instruct the internes. The time, I hope, is not far distant when in every city of sufficient size to warrant it we will find men devoting their whole time to anesthesia. At this point I wish to say the anesthetist should not be paid a uniform fee for each anesthetic any more than the surgeon should receive the same fee for every operation, but it should be commensurate with the responsibility and of course to the financial condition of the patient. So much a plea for the specialty of anesthesia.

Now a few words as to the qualifications of an anesthetist. No one should give an anesthetic who has not a clear conception of physiological action of the agent he employs, a thorough knowledge from personal observation of the various stages of anesthesia, so that he can tell in what stage his patient is, the danger signals, and how to meet any emergency that may arise. He should have a proper appreciation of his responsibility, never forgetting that a human life is in the balance and that any oversight on his part may turn the scale the wrong way. He should be a man of courage, quiet in de-

meanor, not easily alarmed, mindful only of his duty, such a man can inspire confidence in his patients and command the respect of the surgeon.

To discuss the subject of anesthesia in all its aspects would require more time then is allotted and try your patience bevond the limits of endurance, so I will say nothing as to the history or attempt to describe all the agents and methods used in its induction, but confine my remarks to the practical side—first endeavoring to describe the induction of safe anesthesia. Several factors must be considered, first—the anesthetic selected should be adapted to the individual case. Under this heading we must consider the indications and contra-indications of the various choice, but would content myself with sayown ideas alone there would not be much choice, but would contest myself with saying, "If you cannot give ether do not use a general anesthetic." However, I wish to present an unbiased review of the subject ,so will assign to each its proper sphere.

Certain conditions and habits make the giving of any anesthetic dangerous,—Myocardial lesions, dilatation of the right heart, conditions of lung associated with venous congestion, marked emphysema, chronic narrowing of the thoracic cavity by tumors, obstructive conditions of the air passages; in cases where the blood pressure is seriously reduced, such as shock, severe anaemia; chronic nephritis when the urinary solids are much reduced, and diabetes, are usually given as contra-indicating any anesthetic.

The status lymphaticus, plethora and obseity require the most vigilance in administration.

For minor work nitrous oxide, ethyl

chloride, or primary ether anesthesia is applicable; the former being the safest. Unfortunately it is not convenient. As ethyl chloride is only adapted to minor cases, or as a preliminary to other general anesthetics, a few words with reference to it at this point. The concensus of opinion is, that in point of safety it is intermediate between ether and chloroform, approaching more nearly the latter. It is ordinarily given with some form of closed inhaler with a valve for entrance of air; however, an open mask may be used. I wish to caution against the practice of some throat specialists administering it with patient in sitting position.

For general surgery, nitrous oxide with oxygen, ether, chloroform, and various mixtures are to be considered. Nitrous oxide combined with oxygen is meeting with strong support for a number of prominent surgeons. it is pleasant to take, rapid in action, relatively free from danger -however, it is limited to cases in which complete muscular relaxation is not essential. It has some disadvantages-it is expensive, which probably should not be considered, and the apparatus necessary in its administration is cumbersome to carry around for operations in private houses, requires special skill on the part of the anesthetist in keeping the patient in the proper plane of anesthesia. It is contra-indicated in arterio sclerosis and valvular lesions.

The choice ordinarily will be between ether and chloroform, or one of the mixtures such as anesthol, (which is a combination of ethyl chloride, chloroform and ether.) The weight of evidence is so strongly in favor of ether—as now given—as to both immediate and remote safety, that it should be given unless abso-

lutly contra-indicated, which is said to be in acute bronchial affections, asthma, arterio sclerosis with high tension pulse, advanced chronic nephritis, and some cases of pulmonary tuberculosis. The danger from chloroform is not only *Imme diate*—in which death results from syncope, either in primary anesthesia due to sudden paralysis of the heart and respiratory center, or later in the anesthesia as result of gradually lowering of arterian tension—but also remote, due to degenerative changes in the liver, heart and kidney—constituting the cases of delayed chloroform poisoning, symptoms of which

n in twenty-four to forty-eight and usually prove fatal.

Some subjects do not take ether well, especially the short, thick-necked florid type, particularly if of alcoholic habits, and in such cases the judicious use of sequence anesthesia may be advantageous, however, I cannot go into detail,—the combinations are numerous and each has its advocates.

The second factor is the preparation of the patient for anesthesia. When possible a days preliminary preparation would he advisable, the nature of which would depend upon the operation. The anesthetist should be informed as to the physican condition of the patient especially with reference to the condition 173 the heart, lungs and kidneys. cleaning out of the intestinal The tract and abstinence from food for a few hours previous to the anesthesia need scarcely be mentioned. As to the use of drugs preliminary to anesthesia-opinions differ; a number give morphine and atropine in varying doese from one-half to one hour before—it is true that morphine quiets the nervous patient and in alcoholics conduces to a quieter anesthesia, also that it requires less of the anesthetic to maintain a satisfactory degree of anesthesia. However, it is not without its diadvantages. It frequently interferes with the respiration and pupilary reflex, and in some cases the patient shows signs of profound adynamia, a condition resembling coma more than sleep, and personally I do not use morphine.

When ether is given 1-150 of atropine will lessen the tendency to excessive secretion of mucus which sometimes is troublesome. Various methods have been used to prevent or ameliorate post anesthetic nausea and vomiting, such as painting the nasal mucus membrane with 2 per cent cocaine solution, chloretone gr. 10 previous to anesthesia, probably the best plan is to wash out the stomach after the anesthesia. In case of a probable prolonged anesthesia a preliminary stimulant would be indicated.

The third and most important factor is the method of administration or skill of the anesthetist. Personally, I would prefer being given the most dangerous anesthetic by a skilled anesthetist than the safest by a novice.

I will now endeavor to describe briefly the method of administration applicable to either ether or chloroform. The patient should be placed on the operating table, any foreign body removed from the mouth, the eyes covered with a moistened compress of absorbent cotton and provision made for maintaining body temperature, as all anesthetics have a tendency to lower same—neglect of this precaution is sometimes responsible for untoward results. The head should be arranged so as to relax the tissues of the neck and permit of freedom in breathing. In the

Mayo clinic the patient is placed in the position which is to be occupied during the operation and the preparation of the field begun at the same time. This does not interfere with the induction of anesthesia, but rather aids by diverting attention. It is also a time saver, which is an important factor. The anesthetic should be given slowly on an open mask which allows a free admixture of air, carefully avoiding irritation of the nasal pharyngeal reflex, which would induce coughing. The greatest mistake made at this stage is crowding the anesthetic and should carefully be avoided. When the anesthetic is propertly given in the majority of cases, there is little if any stage of excitement, so common when ether was given by the closed method; however, in some strong robust men and especially in alcoholics this stage may be quite marked. In such a case the mask should be removed until the patient is calm, as restraint or crowding not only aggravates the condition but is particularly dangerous. The rate of flow being gradually increased the stage of surgical anesthesia is reached. At this point we must consider the signs of surgical anesthesia. Kocher has well said: "The only reliable sign is insensibility to pain"-however, when the respiration becomes regular, of a somewhat snoring character, the pupil contracted and muscles relaxed, the surgeon may be allowed to tentatively begin the operation—if there is no change in respiration and pulse and the shows insensibility to pain the correct plane of anesthesia is reached, and it becomes the duty of the anesthetist to maintain this plane until the necessity for its mainenance ceases. To this end it is necessary to watch first,—the respiration. This is best observed by listening to the breathing. In any departure from the normal regular rhythm the cause should be ascertained. It may be due to too superficial, or too deep anesthesia; to a respiratory reflex induced by manipulation of the surgeon; to concentration of vapor; occlusion of air passage by spasm of the larynx, or falling back of the tongue. Having ascertained the cause, the remedy can be intelligently applied.

Second.—the pulse. Frequency is not so much importance as quality. A fall of blood pressure beyond one half the volume previous to anesthesia is indicative of danger.

Third,—the color. This is one of the most important indications of the patient's condition. It is best observed in the lips and ears. One need not be apprehensive when the color is good, but beginning cyanosis or pallor warns us that it is time to take stock.

Fourth,—pupils. In normal anesthesia the pupil is slightly contracted and steady. A dilated pupil reacting to light indicates superficial anesthesia; a wide, immobile pupil too profound narcosis and is a sign of danger. Simpson has called attention to one of the earliest signs of awakening, namely the rolling of the eye ball. A little more of the anesthetic when first observed will keep the patient in the desired plane of anesthesia.

Fifth,—muscular relaxation. This is well indicated by the relaxation of the jaw. The degree of anesthesia should be proportionate to the awakening impulses set up by the work of the surgeon, and in order that this end may be attained it is necessary for the anesthetist to keep in touch with the different steps of the operation in order that he may regulate the dosage accordingly. I wish to caution against giving more of the anesthetic when

certain reflexes are stimulated by manipulations of the surgeon. Should you give enough to abolish these you would produce too profound a degree of narcosis, instead at such times the anesthetic should be withdrawn.

We will now consider some of the annoyances and dangers encountered. your patient is in the plane of superficial anesthesia some manipulation of the surgeon may incite an attempt to vemit, a little more of the anesthetic and pressurs on the left phrenic nerve may control it; it not, and vomiting should insue keep the head turned to one side, do not draw forward the jaw or the tongue, as this would allow the vomitus to enter the larynx. Respiratory difficulties are not infrequent. In the early stages they are usually due to crowding, the concentrated vapor irritates the vocal chords and spasms of the larynx ensues, or in an attempt at swallowing which under anesthesia is slow, the glottis is closed and no air enters. The remedy in such cases is the immediate withdrawal of the anesthetic and if the spasm does not soon relax one should be prepared to do a tracheotomy. Occulsion of the air passages by the falling back of the tongue is best prevented by keeping the jaw well forward, but if it should occur the obstruction is relieved by drawing the tongue forward with a piece of gauze, if considerable difficulty is encountered, as is sometimes the case owing to rigidity of the jaws, introduce a soft rubber tube through the nose into the pharynx, as suggested by Neff. Later in the anesthesia respiratory paralysis may ensue as a result of over-dosage. It is to be met by vigorous measures, the chief of which is systematic artificial respiration as long as there is any hope of resuscitaiton. Cardiac failure may appear early as a result of sudden reflex inhibition, or to direct paralysis due to the sudden inhalation of a large amount of anesthetic. These cases are usually fatal but some are saved by rythmic compression of the heart and artificial respiration. Later, the failure is usually due to a gradual fall in blood pressure resulting in cerebral anaemia and finally paralysis of the heart and respiration. The head should be lowered, saline transfusions and various stimulants used, according to their indication.

Special Method of Anesthesia-In this connection I desire to call attention to the warmed vapor method as advocated by Gwathmey. The apparatus consists of two six ounce bottles, one for chloroform, and one for ether. Both bottles are placed in a tin vessel containing thermolite. In each of the bottles are three tubes of varying length which control the vapor strength, small switches are so arranged that by simply turning the same either can be given any desired strength. Gwathmey claim for this method that vapor being warmed is more respirable, produces less after-effects, and as the vapor is attenuated it increases its safety as regards life. However, it requires special skill and is adapted only to the expert.

In operations upon the head where the anesthetist under the usual methods would be in the way, Criles' method of intubation anesthesia meets the requirements. Two rubber tubes are passed through the nose to the epiglottis, these are connected by a Y to another tube which is attached to a glass funnel in which gauze is placed and the anesthetic dropped on the gauze. In operations involving the mouth a tamponade is placed around the tubes in the pharynx to prevent entrance to blood into the larynx.

Intratracheal insufflation anesthesia, as described by Elsberg in Annals of Surgery, February 1911, is indicated in pulmonary surgery where there would be danger of pulmonary collapse, and could also be used in place of the Crile method of intubation anesthesia.

Spinal Anasthesia—A general review of anesthesis would not be complete without reference to spinal anesthesia. Sufficient time has now elapsed since its introduction into surgery by Bier in 1898 to assign its proper place. Having carefully reviewed the literature at my command I will sum up the findings.

As to safety compared with general anesthetics, first, with reference to mortality-in this connection it is only fair to state that you would naturally expect the mortality to be higher under spinal, as it is so frequently used when the condition of the patient seems to contra-indicate a general anesthetic. Bier has recently stated that a mortality of from one to four in five hundred cases could be expected. McCardie collected a series of 23,955 cases with 29 deaths, or one in 828. Stauss-30,000 with a mortality of 1 to 1800. On the other hand Tuffier reports of a series of from 2,000 to 5,000 with no deaths.

When you compare these statistics with those of nitrous oxide and ether, one would wonder why spinal anesthesia would be considered by any one as a routine procedure.

Second, compared with reference to by-effects during the anesthesia, it may be attended with nausea and vomiting, and evidences of shock, which while probably psychic is none the less undesirable. The fact that the patient is conscious during the operation is in many cases by no means a blessing. We well know that fear alone may in some cases cause death.

Third, after effects. Headache frequently occurs and persists for a variable period of time. Other symptoms of minor annoyances are dizziness, rigidity of the neck, pain in the lumbar regions, insomnia, and elevation of the temperature More serious are the various paralysis. Some of these sequelae may be due to altered pressure in the dural sac, as they have been known to follow simple lumbar puncture.

The immediate danger from anesthesia is principally due to respiratory paralysis caused by the anesthetic getting too high up, paralyzing the respiratory muscles and in some cases the respiratory center, in order to avoid this it is essential to watch carefully the height anesthesia, and if you find it extending bevond the point sired, elevate the patient. A point suggested by Ault is of interest in tending to lessen toxicity. He leaves the needle insitu until the anesthesia is attained, and then withdraws an amount of fluid equal to what was originally injected. He has succeeded in recovering about 25 per cent of the original dosage without lessening in any degree the anesthetic effect.

Indications and contra-indications—Ryall enumerates the following indications: 1st—cases in which local anesthesia is inadequate; 2nd—Cases in which there are weighty motives for not employing a general anesthetic; 3rd—Operations involving danger of great shock; 4th—Severe injuries associated with shock; 5th—Prostatectomias in the aged; 6th—Rectal surgery; and 7th—Alcoholics. As contraindications, 1st—acute infective—disease;

2nd—suppurative processes in the neighborhood of the proposed sight of puncture; 3rd—Diseases of the central nervous system; 4th—Recent syphilis; 5th—High temperature; 6th—If the patient cannot rest in bed for twenty-four hours following operation.

Agents employed—Stovaine, tropococaine, and novocaine are the drugs usually employed. The preponderance of evidence being in favor of tropococaine. The dosage varies from three to seven centigrams.

Technique-I desire only to call attention to a few practical points gleaned from the experience of others, as personally my experience is too limited to be able to offer any advice. Absolute asepsis is the first essential as some of the byeffects may possibly be due to slight infection. The needle and syringe should not be boiled in alkaline solution, nor should strong antiseptics be used; some surgeons simply disolve the sterile amount of the anesthetic in the cerebro spinal fluid. Barker claims that it is preferable to use a solution heavier than the cerebro spinal fluid, so that there is less danger of diffusion of the drug into other parts of the canal.

Now a few words to the surgeon, if you will pardon the presumption of a humble anesthetist—in conclusion; Do not waste any time when the patient has reached the stage of surgical anesthesia; operate as rapidly as consistent with good surgery.

Remember that in some conditions and during some manipulations, it may be difficult to secure complete relaxation without a dangerous degree of anesthesia; do not insist upon it.

The Inalienable Birthright of the Physician

Being the Oration on Medicine Delivered at the Thirtieth Annual Session of the New Mexico Medical Society.

Dr. C. M. Yater, of Roswell.

On such occasions as this the chairman is expected to make an address either upon some technical subject or on the progress of medicine since the last meeting. I feel sure that there are many gentlemen in this assembly who are better qualified to fill this station than myself. but none, I assure, has higher appreciation of the medical profession. much devoted to the profession and watchful of its dignity, I trust you will pardon me if I depart from the ordinary rule. I shall speak more on the practical and less on the technical phase of medicine, and speak of "The Inalienable Birthright of the Physician, His true Sphere as a Professional Factor in Society."

He, today, as never before, occupies his true sphere in life's plans and specifications. He has delved into the most secret chambers of nature, brought to light her richest treasures and poured them out at the feet of his fellow—man for his good, thus relegating the quack and the ignorant enchanter to their proper places in the ignorant past. In the last quarter century medical science has been of greater benefit to the human family than any other branch of science. Thirty years ago antisepsis was but in embryo; Malaria was described as "a miasm arising from swampy places"; yellow—fever was a high—

ly contagious disease, the X-ray was unheard of; uncinariasis and pellagra were very imperfectly understood and scarcely mentioned in medical works; tuberculosis while recognized, its cause was a mystery: I could go on almost to an endless extent narrating the problems that were mysterious to our fathers in medicine, which, to us are transparent. A few years and we are an age advanced. Change, discovery, on to perfection is now the order of things. Investigation has but to touch the world and it tingles with new life. The modern physician is the outcome of this progress in medical science. The medicineman of the past and the modern physician are opposite poles. The profession has emerged from the old superstitions that interpreted disease as a result of anger of superior and invisible beings. On account of these old superstitions the treatment of disease was placed largely in the hands of the priests and consisted of superstitious rites. Instead of the sick applying to the physician they repaired to the religious temple where they were beguiled by ignorant priests and their prayers. It is humiliating to be forced to admit that in this enlightened twentieth century, this age of brains and investigation, there are those who hold and practice these dishonest and ignorant superstitions

and beguile their ignorant devotees as did the priests and conjurers of the dark ages. Nor can we cover their nefarious and ignorant doings with the mantle of charity as we can those of the priests, because these have opportunities to know better. The superstitious priest bestowed his would be blessings gratuitously, without money and without price, while these latter priests bestow according to the size of the pocketbook. The medical profession will rise to its true dignity just in proportion as we shall discover the origin of disease and suggest the proper remedies. We must be in position to make a differential diagnosis between an abused stomach and an abused conscience, whether a man has colic or conscience, then we will be in position to say which he needs, pills or pardon. must teach the masses that a certain disease will kill a prince as well as a pauper, a saint as well as a sinner, and that it originates from the same causes in all, and that here as well as in all other matters the law of cause and effect applies. As a professional man the true physician does not recognize either social, moral or intellectual conditions, he only knows disease and remedies. The practice of medicine consists in going down into the murky valley where the stream has become clogged, foul and disease-ladened and to the best of our ability open up its channels, purify its waters and restore its equilibrium. It has to do with physical life, and, of course, death. It is life's guardian angel and death's sworn enemy. pledged to the amelioration of of suffering, alleviation of pain and dressing of wounds. These are the lofty enterprises in which we, as progressive physicians, are engaged. Our goal is on the battlefield between health and disease, life and Every year adds to our armadeath.

ment fresh equipments with which to accomplish these desired ends. Medical science is the supreme science of the age. All it receivs from investigation it gives out in blessings to suffering humanity. If the Christ came into this sin-cursed earth and gave his life for the healing of man's spiritual and moral natures, reverently may we not say that the true. conscientious physician gives his life in healing man's physeical infirmaties? not the science of medicine penetrated forests, climbed mountains, sailed seas, dug into the depths of earth, tested herbs and plants, analyzed fountains, earths gasses that some medicinal virtue might be found, with no higher aim than the allevilation, if only momentary, of human suffering. If Christ, the Incarnate, on his mission in perfecting means whereby man's spiritual needs might be met, stopped long enough on his journey to open the eyes of the blind beggar, has not medical science and skill in its haste to the bedside of the rich stopped long enough in the lowly hut to administer to the suffering pauper the latest and best scientific remedies or to perform some skillful and delicate opera-The medical contributions to humanity are broad and benevolent. Practical achievements have been marvelous. Chemistry is the basis of the compounding of medicines, the development of which into a true science is of rather recent date, belonging to the nineteenth century. Diagnosis is made the basis of all treatment. This to be effective must be based on a thorough knowledge of anatomy physiology and pathology. These accomplishments have been made possible in the last two hundred years; principally in the last one hundred. In the year 1800 there were but five medical colleges in the country, and, of course, compared with our modern

medical college must have been poorly coninned to impart medical knowledge. Instrumental aids to diagnosis is so recent that many physicians now living began the practice when even a stethoscope, thermometer or hypodermic syringe things unknown; the microscope was a plaything to the ordinary physician; diphtheria, that terrible scourge that cast such grim forebodings across the path of our mothers has, by the intelligent use of antitoxin, been robbed of its terrors; smallpox which, in former times, claimed its victims by the tens of thousands has almost been banished from our fair land and is no more dreaded. All this, to say nothing about the improved methods in the management and treatment of tubercul sis, syphilis, cancer, leprosy and many other diseases and conditions that were a bug-a-boo to our fathers, and which are now, by the untiring labors and investigations of medical science, brought into the realms of the rational, intelligent maragement, constitutes the medical science the grandest, most glorious branch of That which contributes the science. "greatest good to the greatest number" is not only good democracy, but philanthropy, and what has met this requirement so closely as medical science? would our fathers have done with a hypodermic syringe? Possibly have given it to the children with which to squirt water on each other, thinking it only an improvement on the old cane squirtgun we used to play with when we were boys.

In recent years medical science has been devoting itself to preventative medicine and is meeting with wonderful success. Such diseases as malaria, cholera, yellow fever, small-pox and many others too numerous to mention have, under our

improved methods of preventation, ceased to be such objects of terror. These, gentlemen are a few of the wonderful achievements of medical science. With brief tribute to our branch of science and its achievements, I must pass on to the individual phase of my subject-The Physician's True Sphere as a Professional factor in Society. The rapid strides of medical science tends, all the while to the elevation of the individual physician. practice of medicine is no mean calling. The quack must eventually fall out. When the profession shall be composed of the most cultivated brain and the truest and best types of manhood, then and then only, will it come into its own in the trues, sense of the word. The physician's life is different from that of other men. He has no hours he can call his own. His time belongs to society, to his fellow-man. When called prfessionally he is a man of authority. He is supposed to bring with him not only his medicine case and diagnostic appliances, but a knowledge of the many ills to which human flesh is heir; also a knowledge of the therapeutic agents which medical science has given him with which to combat these ills. This is not all he is expected to bring. He must bring a knowledge of room-temperature, ventilation, food, drink, rest, exercise, etc.

In the sick-room his word is law. He is the one man that should, and usually does, command the confidence and respect of the community in which he resides. His life is lived so close to the people that he shares, to a great extent, their joys and their sorrows, their laughter and their tears. He is both physician, friend and advisor, and when the tempest-tossed bark of life is being dashed upon the rough and turbulent sea of pain, and

every moment threatened to be submer: ed beneath its dark and chilly waters, it is to him his patient looks, as the only mariner who can guide his frail bark safely and gently through the turbulent elements back into the peaceful and restful harbor of tranquility.

He comes, not as a plumed knight or gilded warrior amid the sound of fife and drum, the glitter of sword and shield, to rush headlong into a vortex of carnage; but, like a ministering angel softly, gently, he binds the wounded member, moistens the parched tongue, cools the fevered and aching brow, fights back the grim destroyer and lets in the beautiful sunshine of life. We see him, when all nature is wrapped in the sable robes of night, siting by the bedside of some poor sufferer, it may be a stranger in a strange land, far from home and loved ones, no mother near to speak words of comfort, no sister dear to watch with patient care, whose suffering he is endeavoring to alleviate. It may be some brave and daring lad, who has sacrificed his life on his country's altar, who has fallen in the mad rush to battle and who has near him only the patient doctor to whom he can confide his last dving message of love to the loved ones at home. It may be an aged "father in Israel," who is only waiting for the " 'come plaudit "Well done thou good and withful servant, enter into the joys of the Lord." Or it may be some poor, low'v, heartbroken mother, with whom or be the doctor and the angels are keeping watch over the sick bed of her darling child, whose lips are scorched with fever, its little body racked with pain, and even now the cold damp of death is settling on its little brow, with it voice so weak and faint that the watchers have to bend low with bated breath to catch the last expiring words "Don't cry, mama, I'll be better tomorrow," then closes its lovely eyes in death. There is no higher calling, no life so self-sacrificing, no one who gives his all, his time, his talents, his life itself, for the good of mankind, as does the doctor. He pursues the even tenor of his way in the fulfillment of those higher charities, for the enforcement of which, society has enacted no code. From the squalid hovel where want and misry hold sway, to the princely mansion where only is luxury and where costly gems are but playthings he wends his way dispensing his blessings to rich and poor alike. No one knows so well as the doctor how the world lives. Some one has truly said that "God never made a coward and a true doctor in one and the same person." In times when epidemics of loathsome and dangerous diseases spread their slimy forms over the community claiming their victims by the thousands, who, other than the doctor, would leave his home and loved ones and go fighting and fighting until, perhaps, from exposure to fatal maladies, and from self denial that he might aid others in their distress, falls a victim to disease, and like the uncultivated flower droops and dies? Such a life in going to the grave in this manner sheds a luster that will forever shine down the labyrinth of years, an inspiration to others, until the reflection shall be caught up by angel's wings and triumphantly cast upon the throne of God. In conclusion let me say to those composing this medical society, may the God of medicine prosper you in all things that are right, and may each individual memher be able in the future to accomplish something for the uphuilding and ennobling

of the profession which we love so well; and may all our achievements aid in increasing the brilliancy of the crown on the brow of medical science until that science and philanthropy shall clasp hands over the couch of the sick and dying and swear by all the healing potions in the realm of nature that from henceforth pain shall make her discord in a minor key and the devlish carnival of human diseases and their bosom companion, death, shall be restricted.

BOOK REVIEW

Hieronymous Fracastor's Syphilis, from the Original Latin. A translation in prose of Fracastor's Immortal Poem Printed on hand-made Imported paper; Library Binding. Crown Octavo. The Philmar Company, Medical Publishers, Fidelity Building, St. Louis, Mo., Price \$2.00.

This medical classic is full of interest. The mythology with its superstition, and the status of medical science in the middle of the sixteenth century ar graphically portrayed. The discovery of mercury and guaiac are given unique setting by the gifted Spaniard.

This classical little masterpiece is in-

teresting and instructive. To the medical man whose time is so fully occupied in the arduous tasks of laterday medical research, it will prove an oasis from which he may receive refreshing food for thought. To the younger student it will impart historical mythological and superstitious knowledge that will well repay his perusal. On the full book shelves of the man of science it will fill a niche that is too often empty, a niche that should be filled with the thoughts of the men who struggled up through the darkness of superstition to the light of present medical knowledge.

(SWOPE)

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